

# HOUSEHOLD SURVEY FOR ADOLESCENTS

Final Version 4

## Substance Abuse Prevalence Project

Research and Data Analysis Division  
Department of Social and Health Services  
Olympia, Washington 98504-5204

February 1, 1994  
Modified July 1998

*Washington State Department of Social and Health Services*  
**Management Services Administration**  
**Research and Data Analysis Division**



U.S. DEPARTMENT HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment



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A copy of this survey may be obtained at: [www-app2.wa.gov/dshs/rda](http://www-app2.wa.gov/dshs/rda)

or by contacting

Washington State Alcohol/Drug Clearinghouse at  
1-800-662-9111 (within Washington State) or  
206-725-9696 (within Seattle or outside Washington State),  
by e-mail at [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org) or by writing them at  
3700 Rainier Avenue South, Suite A  
Seattle, Washington 98144

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## SECTION A: INTRODUCTION

- A1. Respondent ID# \_\_\_\_\_  
A1a. Telephone # \_\_\_\_\_  
A1b. Name \_\_\_\_\_  
A2. Interview Start Time (XXX or XXXX): \_\_\_\_\_  
A3. Interview End Time (XXX or XXXX): \_\_\_\_\_  
A4. Interviewer code number \_\_\_\_\_  
A5. County Code: \_\_\_\_\_  
A6. Zip Code: \_\_\_\_\_

## INSERT NEW PARENTAL CONSENT

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PC 1

Hello, this is \$I and I'm calling from Washington State University for an important study that is interviewing teenagers about public health issues facing them throughout Washington State. Is there anyone currently living in your household who is 12 to 17 years old?

If yes, go to PC 3

If no, go to PC 2

---

PC 2

Thank you for your time, but we are only interviewing people ages 12 to 17. Goodbye!

---

PC 3

How many people in your household are ages 12 to 17?

(Record number of adolescents ages 12 to 17)

Go to PC 4

---

PC 4

I'd like to speak with the person, age 12 to 17 who had the most recent birthday. Would that be you or someone else?

If person answering phone, is adult, go to PC 7

If person is the adolescent age 12 to 17 with the most recent birthday, then go to PC 5

If another person is the one with the most recent birthday, obtain name and then go to PC 6

---

PC 5

Before I can begin the interview with you, I need to ask permission from your parent or guardian. First, would you please tell me your first name?

Obtain and record name of adolescent, then go to PC 7

---

PC 6

Hello, this is \$I and I'm calling from Washington State University for an important study that is interviewing teenagers about public health issues facing them throughout Washington State. Before I can begin the interview with you, I need to ask permission from your parent or guardian. First, would you please tell me your first name?

May I please speak with your parent or guardian?

If yes, go to PC 8

If no, go to PC 11

---

---

PC 7A

What is the name of the person who is 12 to 17 years of age

After obtaining name, go to PC 8

---

---

PC 7B

Is <NAME1 12 to 17 years of age?

If yes to "is name", go to PC 8

If no, go to back to PC 4 and obtain name of person with most recent birthday and who is between 12 and 17 years of age

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---

PC 8

Are you the parent or guardian for <NAME1 >, or someone who can give permission for <NAME1 > to participate in this interview?

If yes, then go to PC 10

If no, then go to PC 9

---

---

PC 9

May I speak with the parent, guardian, or other person who can give us permission to speak with <NAME1 >?

If parent, guardian, or other responsible adult come to telephone, then go to PC 10

If parent, guardian, or other responsible adult is unavailable, then go to PC 11

---

---

PC 10

Hello, this is \$I and I'm calling from Washington State University for an important study that is interviewing teenagers about public health issues facing them throughout Washington. This study is for Washington State's Department of Social and Health Services and deals with a wide range of health issues, some of which affect only a small number of people. I will be asking questions about factors that may affect one's health such as smoking, drinking, or using drugs and what your adolescent thinks about these things.

Are you the parent or guardian for <NAME1 > or someone who can give permission for <NAME1 > to participate in this interview?

If yes, then go to PC 14

If no, then go to PC 9

---

---

PC 11

What is the name of (<NAME1 > parent or guardian?

Go to PC 12

---

---

PC 12

What telephone number can they be reached at?

Go to PC 13

---

---

PC 13

Is there a specific time that would be best to contact them?

Terminate at this point and recall at "best" time.

---

---

PC 14

Thank you for your time.

Washington State is trying to improve its information on adolescents and what experiences they have with alcohol and drugs. This study involves talking with adolescents' ages 12 to 17 about their experiences with alcohol and drugs. We would like to do a short interview with <Name of Adolescent>. All of the answers we receive are strictly confidential. No names will ever be associated with any of the answers. In fact, your household was selected completely randomly as part of a scientific sample. It is very important for the survey that the <Name of Adolescent> feel comfortable answering the questions so we usually like to schedule a time when they are free to talk with us uninterrupted. The interview is voluntary and if there is any question that <NAME1 > does not want to answer all they have to do is tell us so. I would like to ask first for your permission to interview <NAME1 > and I will then ask for <NAME1 > permission. If you would like more information or have any other concerns, I can give you the name and telephone number of the project director.

May I interview <NAME1 >

1. Yes, go to PC 17
2. No --> Wants more information, go to PC 15 or provide name and telephone number of project director
3. No --> Refusal to give permission, go to PC 16

PC 15

The survey is concerned with alcohol and drug use by young people. May I interview <Name of Adolescent>?...

Yes, go to PC 17..... 1

No --> Wants more information, provide name and telephone number of project director 2

No --> Refusal to give permission, go to PC 16..... 3

---

---

PC 16

If R refuses to give parental permission code as "R4"

Refusal by Parent.....R4 D => /END

---

PC 17

Before I speak with (NAME) I would like to ask you a few questions about you and your household.

What zipcode do you live in?

\_\_\_\_\_

How long have you lived where you are now?

\_\_\_\_\_

Go to PC 17A

---

PC 17A

What is the total number of people in your household?

\_\_\_\_\_ #

Go to PC 17B

---

PC 17B

Starting with the oldest adult, what is the age and sex of members of your household?

	Age	Gender
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Go to PC 17C

---

PC 17C

Are you of Hispanic origin?

1. Yes
2. No
3. DK
4. Refused

Go to PC 17D

---



PC 17D

What is your race?

1. White
2. Black or African American
3. Asian or Pacific Islander
4. American Indian, Eskimo, or Aleut
5. Other (\_\_\_\_\_)
6. DK
7. Refused

Go to PC 17E

---

PC 17E

For the last twelve-month period, would you say that the total income for your household was?

1. <than \$5,000
2. >than \$5,000, but <\$15,000
3. >than \$15,000, but <\$25,000
4. >than \$25,000, but <\$35,000
5. >than \$35,000, but <\$50,000
6. >than \$50,000, but <\$75,000
7. >than \$75,000, but <\$100,000
8. >than \$100,000, but <\$150,000
9. >than \$150,000
10. Refused
11. Don't Know

Go to PC 17F

---

PC 17F

I'm going to read a list of types of health care coverage that people may have. As I read each one, please tell me whether <Name of Adolescent> has this type of health care coverage.

The first one is an employer or union provided plan.

The next one is Medicare.

The next one is Medicaid.

The next one is a plan you bought on your own.

The next one is A DSHS Medical Assistance Program (such as GAU, Healthy Options, Children's Health, ADATSA, or MI).

The next one is Military health care (such as CHAMPUS, CHAMP-VA, TRICARE or VA).

The next one is Indian health service.

The next one is Washington State Basic Health Plan

The next one is a plan provided by someone outside the household.

Other health care plan (please specify)

Go to PC 18

---

PC 18

May I speak with (Name of Adolescent) now?

Yes, go to A10 ..... 1

No, not available, go to PC 19 ..... 2

Not convenient, go to PC 19 ..... 3

---

PC 19

Schedule time to call back

---

(With adolescent on telephone)

A10. This study is for Washington State's Department of Social and Health Services and deals with a wide range of health issues, some of which affect only a small number of people. I will be asking questions about things which may affect one's health such as smoking, drinking, or using drugs and what you think about these things. Your participation is completely voluntary and confidential. I will record the answers you give separately from your name and phone number. During the interview if I ask any question that you would prefer not to answer, just let me know and I will skip to the next question. To help you feel more comfortable, you should be on a phone where you have privacy and cannot be overheard. We have found that some interviews last about 20 minutes, while others take a little longer. I would be glad to answer any question you may have, or I can give you the name and number of the study director. Do you have any questions [PAUSE] (or may/May) I begin the interview?

1. Yes
2. No, not a convenient time ---> [INSTRUCTION: ASK: "When would be a good time to call you back?" RECORD TIME AND NAME ON LOG SHEET AND TERMINATE.]
3. No, not enough privacy ---> [INSTRUCTION: ASK: "When would be a better time to call when you would have more privacy? (Is there another number I could reach you at where you would feel free to talk?)" RECORD TIME AND NAME (AND NUMBER, IF DIFFERENT) ON LOG SHEET AND TERMINATE.]
4. No, does not want to be interviewed at all ---> [INSTRUCTION: TERMINATE INTERVIEW.]

A11. For survey purposes I need to ask a couple of background questions. First, are you male or female?  
[INSTRUCTION: IF YOU ARE QUITE SURE ABOUT THE RESPONDENT'S GENDER, SIMPLY CONFIRM IT BY SAYING: "First, I need to confirm that you are (male/female). Is that correct?" PLEASE MARK CORRECT RESPONSE 1 = MALE, 2 = FEMALE.]

1. Male
2. Female
3. Don't know
4. Refused

A12. Next, what is your date of birth?

\_\_\_\_ MON \_\_\_\_ DAY \_\_\_\_ YR

## SECTION B: LIFE EVENTS

Now, I'm going to ask you about certain goals you may have. For each one, please tell me how important it is to you.

B1. First, how important is it to you to have strong friendships. Would you say...

- 1. VERY IMPORTANT
- 2. SOMEWHAT IMPORTANT
- 3. NOT IMPORTANT
- D. Don't know
- R. Refused

B2. How important is it to you to live close to your parents and relatives once you are living on your own? Would you say...

- 1. VERY IMPORTANT
- 2. SOMEWHAT IMPORTANT
- 3. NOT IMPORTANT
- D. Don't know
- R. Refused

B3. How important is it to you to get away from this area of the country once you are on your own? Would you say...

- 1. VERY IMPORTANT
- 2. SOMEWHAT IMPORTANT
- 3. NOT IMPORTANT
- D. Don't know
- R. Refused

B4. How important is it to you to discover new ways to experience things? Would you say...

- 1. VERY IMPORTANT
- 2. SOMEWHAT IMPORTANT
- 3. NOT IMPORTANT
- D. Don't know
- R. Refused

B5. What BEST describes your situation in the last 6 months, that is, since [MONTH, YEAR]? Were you...

- 1. GOING TO SCHOOL ---> SKIP TO B6
- 2. GOING TO SCHOOL AND WORKING AT A JOB ---> SKIP TO B6
- 3. WORKING AND NOT GOING TO SCHOOL
- 4. NEITHER GOING TO SCHOOL NOR WORKING AT ANY TIME  
IN THE LAST 6 MONTHS
- D. Don't know
- R. Refused

B5a. Were you enrolled in school in the last TWELVE months, that is, since [MONTH, YEAR]?

- 1. Yes
- 2. No ---> SKIP TO B7
- D. Don't Know ---> SKIP TO B7
- R. Refused ---> SKIP TO B7

- B6. How many school sports teams like football, baseball, soccer, volleyball, track, swimming, cheerleading, or other sports have you been on, in the last TWELVE months, that is, since [MONTH, YEAR]?

\_\_\_\_\_ # of school sports teams

D. Don't know

R. Refused

- B7. How many (community or other school activities/community activities) such as organized recreational sports, clubs, school or community bands, student government, Scouts, or church youth groups, have you participated in, in the last 12 months?

\_\_\_\_\_ # of extracurricular activities

D. Don't know

R. Refused

## SECTION C: SUBSTANCE USE

Some people try such things as smoking cigarettes, drinking alcohol, or using different kinds of drugs to get high or to see what it feels like. I am now going to ask some questions about whether you've ever tried such things. Please remember that whatever you tell me will be kept strictly confidential. It's important that you be as honest and accurate as you can in all your answers. First, ...

C1a. How many times, if any, have you smoked cigarettes? Would you say...

- 1. NEVER
- 2. ONCE OR TWICE
- 3. MORE THAN TWICE
- D. Don't know
- R. Refused

C1b. Think about other kinds of tobacco that are NOT smoked -- things like chewing tobacco or snuff. How many times, if any, have you used any of these kinds of tobacco? Would you say...

- 1. NEVER
- 2. ONCE OR TWICE
- 3. MORE THAN TWICE
- D. Don't know
- R. Refused

C1c. Next, I am going to ask about drinking alcoholic beverages. By a drink, I mean a can of beer, a glass of wine, a wine cooler, a shot glass of liquor or a mixed drink. How many times, if any, have you had an alcoholic drink, other than a sip or two? Would you say...

- 1. NEVER
- 2. ONCE OR TWICE
- 3. MORE THAN TWICE
- D. Don't know
- R. Refused

I am now going to ask you about drugs or other things you may have tried. Some of these drugs can be prescribed by a doctor, but I am ONLY interested in times you used a drug to get high or to see what it feels like, NOT if a doctor told you to use it.

I will read a list of drug categories. For each one, please tell me how many times you have ever used that sort of drug for non-medical purposes.

C1d. The first category is MARIJUANA OR HASHISH which is also called pot, ghang and other things like that. How many times, if any, have you used marijuana or hashish? Would you say...

- 1. NEVER
- 2. ONCE OR TWICE
- 3. MORE THAN TWICE
- D. Don't know
- R. Refused

C1e. The next category is HALLUCINOGENS or psychedelics, such as acid, LSD, mushrooms, PCP, ECSTASY or drugs like that. How many times, if any, have you used hallucinogens or psychedelics? Would you say...

- 1. NEVER
- 2. ONCE OR TWICE

3. MORE THAN TWICE

D. Don't know

R. Refused

- C1f. The next category is AMPHETAMINES which are sometimes called speed, uppers, crystal meth, bennies, and things like that. This does NOT include such things as diet pills like Dexatrim or pills to keep you awake like No-Doz or Vivarin that you could buy over-the-counter at a supermarket or pharmacy. How many times, if any, have you used amphetamines on your own -- that is without a doctor telling you to take them? Would you say...

1. NEVER

2. ONCE OR TWICE

3. MORE THAN TWICE

D. Don't know

R. Refused

- C1g. Next is SEDATIVES which include barbiturates, quaaludes, and Seconal. These are sometimes called downers, reds, blues or things like that. (How many times, if any, have you used sedatives on your own -- that is, without a doctor telling you to take them? Would you say...)

1. NEVER

2. ONCE OR TWICE

3. MORE THAN TWICE

D. Don't know

R. Refused

- C1h. Next is TRANQUILIZERS like Valium, Halcyon, Xanax, or things like that. (How many times, if any, have you used tranquilizers on your own -- that is without a doctor telling you to take them? Would you say...)

1. NEVER

2. ONCE OR TWICE

3. MORE THAN TWICE

D. Don't know

R. Refused

- C1i. Next is CRACK. (How many times, if any, have you used crack? Would you say...)

1. NEVER

2. ONCE OR TWICE

3. MORE THAN TWICE

D. Don't know

R. Refused

- C1j. Besides crack, there are several OTHER FORMS OF COCAINE such as powder, injection, or coca paste. How many times, if any, have you used any type of cocaine besides crack? Would you say...

1. NEVER

2. ONCE OR TWICE

3. MORE THAN TWICE

D. Don't know

R. Refused

- C1k. Next is HEROIN which is sometimes called smack, horse, skag or things like that. How many times, if any, have you used heroin? Would you say...

1. NEVER
  2. ONCE OR TWICE
  3. MORE THAN TWICE
  - D. Don't know
  - R. Refused
- C1l. The next category is PAIN KILLERS which includes codeine, demerol, dilaudid, darvon, morphine, and narcotics other than heroin. This does NOT include pain killers like aspirin or Tylenol that you could buy over-the-counter at a supermarket or pharmacy. How many times, if any, have you used pain killers on your own -- that is without a doctor telling you to take them? Would you say...
1. NEVER
  2. ONCE OR TWICE
  3. MORE THAN TWICE
  - D. Don't know
  - R. Refused
- C1m. The next category is INHALANTS such as glue, aerosol spray cans, gasoline, amyl nitrate, freon, butane, or other things like that. How many times, if any, have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high? Would you say...
1. NEVER
  2. ONCE OR TWICE
  3. MORE THAN TWICE
  - D. Don't know
  - R. Refused
- C1n. Next is ANABOLIC STEROIDS which may be used to increase strength, athletic performance, or muscles. (How many times, if any, have you used steroids? Would you say...)
1. NEVER
  2. ONCE OR TWICE
  3. MORE THAN TWICE
  - D. Don't know
  - R. Refused
- C1o. Next is DERBISOL. (How many times, if any, have you used derbisol on your own - that is without a doctor telling you to take it? Would you say...)
1. NEVER
  2. ONCE OR TWICE
  3. MORE THAN TWICE
  4. Never heard of that/I don't think that's a real drug
  - D. Don't know
  - R. Refused
- C2. Have you ever used any other drug to get high or to see what it was like even once in your life?
1. Yes
  2. No ---> SKIP TO C3
  - D. Don't know ---> SKIP TO C3
  - R. Refused ---> SKIP TO C3
- C2a. What did you use? [INSTRUCTION: LIST ALL NAMES GIVEN.]
-

---

C2b. [INSTRUCTION: ENTER THE NUMBER OF DRUGS LISTED IN C2a WHICH MAY FIT DRUG CATEGORIES ON THE DRUG LIST.]

\_\_\_\_\_ Drugs used [KEITH: IF DRUGS = 0, SKIP TO C3.]

C2c. [INSTRUCTION: ENTER NAME OF DRUG (#1/#2) FROM C2a.]

---

C2d. [INSTRUCTION: NOW, ENTER THAT DRUG'S APPARENT CATEGORY.]

1. Marijuana
2. Hallucinogens or psychedelics
3. Amphetamines
4. Sedatives
5. Tranquilizers
6. Crack
7. Other forms of cocaine
8. Heroin
9. Pain killers
10. Inhalants
11. Other drug ---> SKIP TO C3
12. No more drugs ---> SKIP TO C3

C2e. Many people consider [SUBSTANCE FROM C2c] to be [CATEGORY FROM C2d]. Would you agree?

1. Yes
2. No ---> SKIP TO C3
- D. Don't know ---> SKIP TO C3
- R. Refused ---> SKIP TO C3

C2f. [KEITH: REPEAT THIS SEQUENCE FOR ONLY 2 DRUG CATEGORIES, AND DETERMINE WHICH DRUG CATEGORIES MAY HAVE HAD SOME USE EVEN IF R ANSWERED "NEVER," "DON'T KNOW," OR "REFUSED" WHEN ORIGINALLY ASKED ABOUT DRUG USE IN QUESTIONS C1d - C1m.

C3. [KEITH: IF THE RESPONDENT ANSWERED "2 = ONCE OR TWICE" OR "3 = MORE THAN TWICE" TO ANY OF THE FOLLOWING: C1a - C1m, C1o;

OR

IF THE INTERVIEWER MARKED "1 = YES" IN C2e TO ANY OF THE DRUG CATEGORIES CODED 1 THROUGH 11 IN C2d, CONTINUE.  
OTHERWISE, SKIP TO SECTION G.]

[KEITH: IF C1a = "2 OR 3," CONTINUE. OTHERWISE, SKIP TO C4.]

C3a. How old were you when you FIRST smoked cigarettes?

\_\_\_\_\_ Years old  
D. Don't know  
R. Refused

C3b. Have you smoked cigarettes in the last 6 months?



1. Yes
2. No ---> SKIP TO C4
- D. Don't Know ---> SKIP TO C4
- R. Refused ---> SKIP TO C4

C3c. Do you smoke more than one cigarette a day?

1. Yes
2. No
- D. Don't Know
- R. Refused

C3d. In the last 6 months, have you smoked cigarettes at least 5 days in one week?

1. Yes
2. No ---> SKIP TO C3g
- D. Don't Know ---> SKIP TO C3g
- R. Refused ---> SKIP TO C3g

C3e. Have you smoked that often for a month or more?

1. Yes
2. No
- D. Don't Know
- R. Refused

C3f. How old were you when you began to smoke at least 5 days a week?

- \_\_\_\_\_ Years old
- D. Don't know
  - R. Refused

C3g. During the last 30 days how much did you smoke? Would you say ...

1. NOT AT ALL
2. LESS THAN ONE CIGARETTE A DAY
3. ONE TO FIVE A DAY
4. ABOUT HALF A PACK A DAY
5. ABOUT A PACK OR MORE A DAY
- D. Don't know
- R. Refused

C4. [KEITH: IF C1b = "2 OR 3," CONTINUE. OTHERWISE, SKIP TO C5.]

C4a. How old were you when you FIRST used chewing tobacco, snuff, or some other kind of tobacco like that?

- \_\_\_\_\_ Years old
- D. Don't know
  - R. Refused

C4b. During the last 30 days, on how many occasions, if any, have you used chewing tobacco, snuff, or some other kind of tobacco like that? Would you say...

1. 40 OR MORE OCCASIONS
2. 20 TO 39
3. 10 TO 19

4. 6 TO 9
5. 3 TO 5
6. 1 TO 2 OCCASIONS
7. NEVER
- D. Don't know
- R. Refused

C5. [KEITH: IF C1c = "2 OR 3," CONTINUE. OTHERWISE, SKIP TO C6.]

C5a. How old were you when you FIRST tried more than just a few sips of an alcoholic beverage?

- \_\_\_\_\_ Years old
- D. Don't know
  - R. Refused

C5b. During the last 12 months, on how many occasions, if any, have you had more than a sip or two of an alcoholic drink? Would you say...

1. 40 OR MORE OCCASIONS
2. 20 TO 39
3. 10 TO 19
4. 6 TO 9
5. 3 TO 5
6. 1 TO 2 OCCASIONS
7. NEVER ---> SKIP TO C5n
- D. Don't know
- R. Refused

C5c. When you drink alcoholic beverages, how many drinks do you USUALLY have?

- \_\_\_\_\_ # drinks
- D. Don't know
  - R. Refused

[INSTRUCTION: IF R GIVES ANSWER TO C5c IN A UNIT OTHER THAN "# OF DRINKS," USE LIST BELOW TO CALCULATE # OF DRINKS. IF R GIVES AN ANSWER NOT ON THE CHART, ASK: "About how many glasses would that be?" IF THERE IS CONFUSION, ESTIMATE BASED ON AN AVERAGE 8 OUNCE GLASS.]

# OF DRINKS    RESPONDENT'S ANSWER

- |    |                           |
|----|---------------------------|
| 1  | 1 highball, or shot glass |
| 6  | 1/2 pint of liquor        |
| 12 | 1 pint of liquor          |
| 20 | 1 fifth of liquor         |
| 24 | 1 quart of liquor         |
| 1  | 1 glass of wine           |
| 6  | 1 bottle of wine          |
| 1  | 1 wine cooler             |
| 4  | 1 pint of wine            |
| 1  | 1 12 ounce bottle of beer |
| 1  | 1 12 ounce can of beer    |
| 24 | 1 case of beer            |

- C5d. How many times have you had five or more drinks in a single day during the last 12 months? Would you say...
1. 10 OR MORE TIMES
  2. 6 TO 9 TIMES
  3. 3 TO 5 TIMES
  4. TWICE
  5. ONCE
  6. NEVER
  - D. Don't know
  - R. Refused
- C5e. Now, please think about the last 6 months, that is, since [MONTH, YEAR]. Have you drunk beer, wine, or liquor in the last 6 months?
1. Yes
  2. No ---> SKIP TO C5n
  - D. Don't know ---> SKIP TO C5n
  - R. Refused ---> SKIP TO C5n
- C5f. In the last 6 months, was there a time when you drank once a week or more?
1. Yes
  2. No
  - D. Don't Know
  - R. Refused
- C5g. In the last 6 months, have you ever gotten drunk?
1. Yes
  2. No ---> SKIP TO C5k
  - D. Don't Know ---> SKIP TO C5k
  - R. Refused ---> SKIP TO C5k
- C5h. How many times did you get drunk during the last 6 months? Would you say...
1. 10 OR MORE TIMES
  2. 6 TO 9 TIMES
  3. 3 TO 5 TIMES
  4. TWICE
  5. ONCE
  - D. Don't know
  - R. Refused
- C5i. In the last 6 months, did you go on a binge of drinking where you stayed drunk for two whole days or more?
1. Yes
  2. No ---> SKIP TO C5k
  - D. Don't Know ---> SKIP TO C5k
  - R. Refused ---> SKIP TO C5k
- C5j. How many times did you have a binge like this during the last 6 months? Would you say...
1. MORE THAN 5 TIMES
  2. 2 TO 5 TIMES

3. ONE TIME ONLY  
D. Don't know  
R. Refused
- C5k. During the LAST 30 DAYS, that is, since [MONTH, DAY, YEAR], on how many occasions, if any, have you had more than a sip or two of an alcoholic drink? Would you say...
1. 40 OR MORE OCCASIONS  
2. 20 TO 39  
3. 10 TO 19  
4. 6 TO 9  
5. 3 TO 5  
6. 1 TO 2 OCCASIONS  
7. NEVER  
D. Don't know  
R. Refused
- C5l. Have you gotten into any trouble for drinking or because of something you did while drinking?
1. Yes  
2. No ---> SKIP TO C5n  
D. Don't Know ---> SKIP TO C5n  
R. Refused ---> SKIP TO C5n
- C5m. Did that happen in the last 6 months?
1. Yes  
2. No  
D. Don't Know  
R. Refused
- C5n. Have you ever had a drinking problem or been addicted to alcohol?
1. Yes  
2. No  
D. Don't know  
R. Refused
- C6. [KEITH: IF C1d = "2 OR 3" OR IF MARIJUANA QUALIFIES FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C7.]
- C6a. How old were you when you FIRST used marijuana or hashish?
- \_\_\_\_ Years old  
D. Don't know  
R. Refused
- C6b. During the last 12 months, on how many occasions, if any, have you used marijuana or hashish? Would you say...
1. 40 OR MORE OCCASIONS  
2. 20 TO 39  
3. 10 TO 19  
4. 6 TO 9  
5. 3 TO 5  
6. 1 TO 2 OCCASIONS

7. NEVER ---> SKIP TO C7  
D. Don't know  
R. Refused
- C6c. Have you used marijuana in the LAST 6 MONTHS?
1. Yes  
2. No ---> SKIP TO C7  
D. Don't Know ---> SKIP TO C7  
R. Refused ---> SKIP TO C7
- C6d. Was there a time in the last 6 months when you used marijuana more than once a month?
1. Yes  
2. No  
D. Don't Know  
R. Refused
- C6e. Have you gotten in trouble for using marijuana in the last 6 months?
1. Yes  
2. No  
D. Don't Know  
R. Refused
- C6f. During the LAST 30 DAYS, on how many occasions, if any, have you used marijuana or hashish? Would you say...
1. 40 OR MORE OCCASIONS  
2. 20 TO 39  
3. 10 TO 19  
4. 6 TO 9  
5. 3 TO 5  
6. 1 TO 2 OCCASIONS  
7. NEVER  
D. Don't know  
R. Refused
- C7. [KEITH: IF C1e = "2 OR 3" OR IF HALLUCINOGENS QUALIFY FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C8.]
- C7a. How old were you when you FIRST used hallucinogens or psychedelics such as acid, LSD, mushrooms, PCP, ECSTASY or drugs like that?
- \_\_\_\_ Years old  
D. Don't know  
R. Refused
- C7b. During the last 12 months, on how many occasions, if any, have you used hallucinogens or psychedelics? Would you say...
1. 40 OR MORE OCCASIONS  
2. 20 TO 39  
3. 10 TO 19  
4. 6 TO 9  
5. 3 TO 5

- 6. 1 TO 2 OCCASIONS
  - 7. NEVER ---> SKIP TO C8
  - D. Don't know
  - R. Refused
- C7c. Have you used hallucinogens or psychedelics during the LAST 6 MONTHS?
- 1. Yes
  - 2. No ---> SKIP TO C8
  - D. Don't Know ---> SKIP TO C8
  - R. Refused ---> SKIP TO C8
- C7d. During the LAST 30 DAYS, on how many occasions, if any, have you used hallucinogens or psychedelics? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER
  - D. Don't know
  - R. Refused
- C8. [KEITH: IF C1f = "2 OR 3" OR IF AMPHETAMINES QUALIFY FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C9.]
- C8a. During the last 12 months, on how many occasions, if any, have you used amphetamines, which are sometimes called speed, uppers, crystal meth, bennies and things like that? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER ---> SKIP TO C9
  - D. Don't know
  - R. Refused
- C8b. Have you used amphetamines during the LAST 6 MONTHS?
- 1. Yes
  - 2. No ---> SKIP TO C9
  - D. Don't Know ---> SKIP TO C9
  - R. Refused ---> SKIP TO C9
- C8c. During the LAST 30 DAYS, on how many occasions, if any, have you used amphetamines? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5

- 6. 1 TO 2 OCCASIONS
  - 7. NEVER
  - D. Don't know
  - R. Refused
- C9. [KEITH: IF C1g = "2 OR 3" OR IF SEDATIVES QUALIFY FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C10.]
- C9a. During the last 12 months, on how many occasions, if any, have you used sedatives, which include barbiturates, quaaludes, and Seconal? (Sedatives are sometimes called downers, reds, blues, or things like that.) Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER ---> SKIP TO C10
  - D. Don't know
  - R. Refused
- C9b. Have you used sedatives during the LAST 6 MONTHS?
- 1. Yes
  - 2. No ---> SKIP TO C10
  - D. Don't Know ---> SKIP TO C10
  - R. Refused ---> SKIP TO C10
- C9c. During the LAST 30 DAYS, on how many occasions, if any, have you used sedatives? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER
  - D. Don't know
  - R. Refused
- C10. [KEITH: IF C1h = "2 OR 3" OR IF TRANQUILIZERS QUALIFY FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C11.]
- C10a. During the last 12 months, on how many occasions, if any, have you used tranquilizers such as Valium, Halcyon, Xanax, or things like that? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER ---> SKIP TO C11
  - D. Don't know
  - R. Refused

- C10b. Have you used tranquilizers during the LAST 6 MONTHS?
1. Yes
  2. No ---> SKIP TO C11
  - D. Don't Know ---> SKIP TO C11
  - R. Refused ---> SKIP TO C11
- C10c. During the LAST 30 DAYS, on how many occasions, if any, have you used tranquilizers? Would you say...
1. 40 OR MORE OCCASIONS
  2. 20 TO 39
  3. 10 TO 19
  4. 6 TO 9
  5. 3 TO 5
  6. 1 TO 2 OCCASIONS
  7. NEVER
  - D. Don't know
  - R. Refused
- C11. [KEITH: IF C1i = "2 OR 3" OR IF CRACK QUALIFIES FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C12.]
- C11a. How old were you when you FIRST used crack?
- \_\_\_\_\_ Years old
- D. Don't know
  - R. Refused
- C11b. During the last 12 months, on how many occasions, if any, have you used crack? Would you say...
1. 40 OR MORE OCCASIONS
  2. 20 TO 39
  3. 10 TO 19
  4. 6 TO 9
  5. 3 TO 5
  6. 1 TO 2 OCCASIONS
  7. NEVER ---> SKIP TO C12
  - D. Don't know
  - R. Refused
- C11c. Have you used crack during the LAST 6 MONTHS?
1. Yes
  2. No ---> SKIP TO C12
  - D. Don't Know ---> SKIP TO C12
  - R. Refused ---> SKIP TO C12
- C11d. During the LAST 30 DAYS, on how many occasions, if any, have you used crack? Would you say...
1. 40 OR MORE OCCASIONS
  2. 20 TO 39
  3. 10 TO 19
  4. 6 TO 9
  5. 3 TO 5



- 6. 1 TO 2 OCCASIONS
  - 7. NEVER
  - D. Don't know
  - R. Refused
- C12. [KEITH: IF C1j = "2 OR 3" OR IF OTHER FORMS OF COCAINE QUALIFY FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C13.]
- C12a. How old were you when you FIRST used any type of cocaine besides crack?
- \_\_\_\_\_ Years old
- D. Don't know
  - R. Refused
- C12b. During the last 12 months, on how many occasions, if any, have you used any type of cocaine besides crack? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER ---> SKIP TO C13
  - D. Don't know
  - R. Refused
- C12c. Have you used any type of cocaine besides crack during the LAST 6 MONTHS?
- 1. Yes
  - 2. No ---> SKIP TO C13
  - D. Don't Know ---> SKIP TO C13
  - R. Refused ---> SKIP TO C13
- C12d. During the LAST 30 DAYS, on how many occasions, if any, have you used any type of cocaine besides crack? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER
  - D. Don't know
  - R. Refused
- C13. [KEITH: IF C1k = "2 OR 3" OR IF HEROIN QUALIFIES FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C14.]
- C13a. During the last 12 months, on how many occasions, if any, have you used heroin? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9

- 5. 3 TO 5
- 6. 1 TO 2 OCCASIONS
- 7. NEVER ---> SKIP TO C14
- D. Don't know
- R. Refused

C13b. Have you used heroin in the LAST 6 MONTHS?

- 1. Yes
- 2. No ---> SKIP TO C14
- D. Don't Know ---> SKIP TO C14
- R. Refused ---> SKIP TO C14

C13c. During the LAST 30 DAYS, on how many occasions, if any, have you used heroin? Would you say...

- 1. 40 OR MORE OCCASIONS
- 2. 20 TO 39
- 3. 10 TO 19
- 4. 6 TO 9
- 5. 3 TO 5
- 6. 1 TO 2 OCCASIONS
- 7. NEVER
- D. Don't know
- R. Refused

C14. [KEITH: IF C11 = "2 OR 3" OR IF PAIN KILLERS QUALIFY FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C15.]

C14a. During the last 12 months, on how many occasions, if any, have you used pain killers like codeine, Demerol, Dilaudid, Darvon, morphine, or narcotics other than heroin? Would you say...

- 1. 40 OR MORE OCCASIONS
- 2. 20 TO 39
- 3. 10 TO 19
- 4. 6 TO 9
- 5. 3 TO 5
- 6. 1 TO 2 OCCASIONS
- 7. NEVER ---> SKIP TO C15
- D. Don't know
- R. Refused

C14b. Have you used pain killers in the LAST 6 MONTHS?

- 1. Yes
- 2. No ---> SKIP TO C15
- D. Don't Know ---> SKIP TO C15
- R. Refused ---> SKIP TO C15

C14c. During the LAST 30 DAYS, on how many occasions, if any, have you used pain killers? Would you say...

- 1. 40 OR MORE OCCASIONS
- 2. 20 TO 39
- 3. 10 TO 19
- 4. 6 TO 9
- 5. 3 TO 5
- 6. 1 TO 2 OCCASIONS

- 7. NEVER
  - D. Don't know
  - R. Refused
- C15. [KEITH: IF C1m = "2 OR 3" OR IF INHALANTS QUALIFY FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C16.]
- C15a. How old were you when you FIRST used inhalants such as glue, aerosol spray cans, gasoline, amyl nitrate, freon, butane, or other things like that?
- \_\_\_\_\_ Years old
- D. Don't know
  - R. Refused
- C15b. During the last 12 months, on how many occasions, if any, have you used inhalants? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER ---> SKIP TO C16
  - D. Don't know
  - R. Refused
- C15c. Have you used inhalants in the LAST 6 MONTHS?
- 1. Yes
  - 2. No ---> SKIP TO C16
  - D. Don't Know ---> SKIP TO C16
  - R. Refused ---> SKIP TO C16
- C15d. During the LAST 30 DAYS, on how many occasions, if any, have you used inhalants? Would you say...
- 1. 40 OR MORE OCCASIONS
  - 2. 20 TO 39
  - 3. 10 TO 19
  - 4. 6 TO 9
  - 5. 3 TO 5
  - 6. 1 TO 2 OCCASIONS
  - 7. NEVER
  - D. Don't know
  - R. Refused
- C16. [KEITH: IF C1o = "2 OR 3," CONTINUE. OTHERWISE, SKIP TO C17.]
- C16a. How old were you when you FIRST used derbisol?
- \_\_\_\_\_ Years old
- D. Don't know
  - R. Refused
- C16b. During the last 12 months, on how many occasions, if any, have you used derbisol? Would you say...
- 1. 40 OR MORE OCCASIONS

2. 20 TO 39
3. 10 TO 19
4. 6 TO 9
5. 3 TO 5
6. 1 TO 2 OCCASIONS
7. NEVER ---> SKIP TO C17
- D. Don't know
- R. Refused

C16c. Have you used derbisol in the LAST 6 MONTHS?

1. Yes
2. No ---> SKIP TO C17
- D. Don't Know ---> SKIP TO C17
- R. Refused ---> SKIP TO C17

C16d. During the LAST 30 DAYS, on how many occasions, if any, have you used derbisol? Would you say...

1. 40 OR MORE OCCASIONS
2. 20 TO 39
3. 10 TO 19
4. 6 TO 9
5. 3 TO 5
6. 1 TO 2 OCCASIONS
7. NEVER
- D. Don't know
- R. Refused

C17. [KEITH: IF R ANSWERED "2" OR "3" TO C1e (HALLUCINOGENS), C1f (AMPHETAMINES), C1i (CRACK), C1j (OTHER COCAINE FORMS), C1k (HEROIN), OR C1l (PAIN KILLERS) OR IF ANY OF THESE DRUGS QUALIFY FROM C2d-C2e, CONTINUE. OTHERWISE, SKIP TO C18a.]

C17a. How many times, if any, have you used a needle to take an illegal drug? Would you say...

1. NEVER ---> SKIP TO C18
2. ONCE OR TWICE
3. MORE THAN TWICE
- D. Don't know ---> SKIP TO C18
- R. Refused ---> SKIP TO C18

C17b. During the last 12 months, on how many occasions, if any, have you used a needle to take an illegal drug? Would you say...

1. 40 OR MORE OCCASIONS
2. 20 TO 39
3. 10 TO 19
4. 6 TO 9
5. 3 TO 5
6. 1 TO 2 OCCASIONS
7. NEVER ---> SKIP TO C18
- D. Don't know
- R. Refused

C17c. During the LAST 30 DAYS, on how many occasions, if any, have you used a needle to take an illegal drug? Would you say...

1. 40 OR MORE OCCASIONS
2. 20 TO 39
3. 10 TO 19
4. 6 TO 9
5. 3 TO 5
6. 1 TO 2 OCCASIONS
7. NEVER
- D. Don't know
- R. Refused

C18. [KEITH: IF R ANSWERED "2" OR "3" TO C1d (MARIJUANA), C1e (HALLUCINOGENS), C1f (AMPHETAMINES), C1g (SEDATIVES), C1h (TRANQUILIZERS), C1i (CRACK), C1j (TYPES OF COCAINE BESIDES CRACK), C1k (HEROIN), C1l (PAIN KILLERS), OR C1m (INHALANTS) OR  
IF ANY OF THESE DRUGS QUALIFY FROM C2d-e, CONTINUE. OTHERWISE, SKIP TO C19.]

C18a. Have you ever had a problem with, felt addicted to, or hooked on [READ QUALIFYING DRUGS]?

1. Yes
2. No
- D. Don't know
- R. Refused

C19. [KEITH: IF R ANSWERED "2" OR "3" TO C1c (ALCOHOL) AND/OR ANY OF THE SUBSTANCES CHECKED IN C18, CONTINUE. OTHERWISE, SKIP TO SECTION D]

C19a. Has your use of [READ ALL QUALIFYING SUBSTANCES] caused you to behave in ways that you later regretted, that is, caused you to feel bad or unhappy about what you had done or said.

1. Yes
2. No
- D. Don't know
- R. Refused

[KEITH: CHECK USE OF ALCOHOL (C1c = 2 OR 3) AND USE OF ONE OR MORE DRUGS FROM C1d-C1m OR C2d-e. PUT IN APPROPRIATE PHRASE FOR "SUBSTANCE" IN C19b-C19h FROM FOLLOWING LIST: ALCOHOL/ALCOHOL AND THIS DRUG/ALCOHOL AND ANY OF THESE DRUGS/THIS DRUG/ANY OF THESE DRUGS.]

C19b. Has your use of [SUBSTANCE] hurt your relationship with your parents?

1. Yes
2. No
- D. Don't know
- R. Refused

C19c. If you've ever been in a romantic relationship, has your use of [SUBSTANCE] hurt your relationship with that person?

1. Yes
2. No
3. Not applicable
- D. Don't know
- R. Refused

C19d. Has your use of [SUBSTANCE] hurt your relationships with your friends?

- 1. Yes
- 2. No
- 3. Not applicable
- D. Don't know
- R. Refused

C19e. Has your use of [SUBSTANCE] hurt your performance in school or on a job?

- 1. Yes
- 2. No
- 3. Not applicable
- D. Don't know
- R. Refused

C19f. Has your use of [SUBSTANCE] caused you to be less interested in other activities than you were before?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

C19g. Has your use of [SUBSTANCE] interfered with your ability to think clearly?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

C19h. If you drive, has your use of [SUBSTANCE] caused you to drive unsafely?

- 1. Yes
- 2. No
- 3. Not applicable
- D. Don't know
- R. Refused

SECTION D: ALCOHOL DEPENDENCE

[KEITH:

IF R IS A FEMALE AND VALUE IN C5c (USUAL # OF DRINKS) IS GREATER THAN ONE (I.E., TWO OR MORE)

OR

IF R IS A MALE AND VALUE IN C5c (USUAL # OF DRINKS) IS GREATER THAN TWO (I.E., THREE OR MORE)

OR

IF R IS A MALE AND C5d = "1, 2, 3, 4, OR 5" (R DRANK 5 OR MORE DRINKS IN A DAY IN THE LAST 12 MONTHS)

OR

FOR EITHER MALE OR FEMALE:

IF C5f = "1" (YES -- DRANK ONCE A WEEK OR MORE IN LAST 6 MONTHS)

OR

IF C5h = "1, 2, 3, OR 4" (GOT DRUNK 2 OR MORE TIMES IN LAST 6 MONTHS)

OR

IF C5i = "1" (YES -- BINGE DRINKING IN LAST 6 MONTHS)

OR

IF C5m = "1" (YES -- GOT IN TROUBLE FOR DRINKING IN LAST 6 MONTHS)

OR

IF C5n = "1" (YES -- R HAD A PROBLEM WITH ALCOHOL)

CONTINUE. OTHERWISE, SKIP TO SECTION E.]

Now, I am going to ask some questions about problems people sometimes have because of their OWN use of alcohol. Please think about the time when you were drinking the most during the past 6 months, that is, since [MONTH, YEAR].

D1. During that time, did you often drink more than you thought you would?

1. Yes
2. No
3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D2. Did you spend more time drinking than you planned?

1. Yes
2. No

- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D3. Did you try to give up drinking, but couldn't stop?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D4. During the last 6 months, did you often end up drinking when you had decided not to?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D5. During the last 6 months, did you give up drinking for a short time and then start drinking again?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D6. Did drinking take up a lot of your time?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D7. Did it seem you could drink more and more before you got drunk?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D8. Were you often hungover or sick after drinking?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D9. Did you spend a lot of time worrying about how you would get a hold of alcohol?

- 1. Yes
- 2. No



- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D10. Was drinking something you couldn't stop thinking about...that you couldn't put out of your head?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

[KEITH: IF R ANSWERED "1 - GOING TO SCHOOL" OR "2 - GOING TO SCHOOL AND WORKING AT A JOB" TO B5, USE THE "SCHOOL" OPTION IN ITEMS D11-D15. IF R ANSWERED "3 - WORKING AND NOT GOING TO SCHOOL" USE THE "WORK" OPTION IN D11-D15. IF R ANSWERED "4 - NEITHER GOING TO SCHOOL NOR WORKING", "DON'T KNOW", OR "REFUSED," TO B5, SKIP TO D16.]

D11. Would you often miss [SCHOOL/WORK] because you drank or were too hungover to go?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D12. In the last 6 months, did you ever go to [SCHOOL/WORK] drunk or hungover?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D13. In the last 6 months, did you ever drink while you were at [SCHOOL/WORK]?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D14. Did [YOUR GRADES GO DOWN/YOU HAVE PROBLEMS DOING YOUR JOB] because of drinking?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D15. Did drinking cause any OTHER problems for you at [SCHOOL/WORK]?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

- D16. Did drinking cause any problems with how you got along with other people?
1. Yes
  2. No ---> SKIP TO D17
  3. Sometimes/Somewhat
  - D. Don't Know ---> SKIP TO D17
  - R. Refused ---> SKIP TO D17
- D16a. Did you have problems with family members because you drank too much?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- D16b. Did you lose friends because of your drinking?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- D16c. Did you get into fights after drinking?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- D17. Do most of your friends drink?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- D18. Did you give up doing things you liked because you were drinking? For example, did you stop playing sports or doing activities after school or work?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- D19. In the last 6 months, did you ever drive a car when you were drinking, or do anything else that might have been dangerous for you or others?
1. Yes
  2. No
  3. Sometimes/Somewhat

- D. Don't Know  
R. Refused
- D20. In the last 6 months, were you ever told to stop drinking by a doctor or nurse because it was bad for you?
1. Yes  
2. No ---> SKIP TO D21  
D. Don't Know ---> SKIP TO D21  
R. Refused ---> SKIP TO D21
- D20a. Did you go on drinking even after you were told that?
1. Yes  
2. No  
D. Don't Know  
R. Refused
- D21. During the time when you were drinking the most, did you get sad, or depressed, or more irritable?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know  
R. Refused
- D22. In the last 6 months, did you ever get sick or have any physical problems when you stopped drinking?
1. Yes  
2. No ---> SKIP TO D23  
3. Sometimes/Somewhat  
D. Don't Know ---> SKIP TO D23  
R. Refused ---> SKIP TO D23
- D22a. Did you get the shakes when you didn't drink?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know  
R. Refused
- D22b. In the last 6 months, did you ever have any fits or seizures after stopping or cutting down on drinking?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know  
R. Refused
- D23. Did you often drink to get rid of a sick or UNCOMFORTABLE FEELING you got after you stopped drinking?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know

R. Refused

D24. In the last 6 months, did you ever wake up the day after drinking and discover you couldn't remember what you had said or done while you were drunk?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

[KEITH: IF R ANSWERED "1-YES" OR "3-SOMETIMES/SOMEWHAT" TO ANY OF THE FOLLOWING ITEMS: D1-D16c; D18, D19, D20a-D22, D23, D24, CONTINUE; OTHERWISE, SKIP TO SECTION E.]

D25. You told me that you [KEITH: LIST KEY PHRASES FOR ALL ITEMS FROM D1-D16c; D18, D19, D20a-D22, D23, D24, FOR WHICH R ANSWERED "YES" OR "SOMETIMES/SOMEWHAT."] (Was this/Were these things) going on for as long as a month?

- 1. Yes
- 2. No ---> SKIP TO D26
- D. Don't Know ---> SKIP TO D26
- R. Refused ---> SKIP TO D26

D25a. Did this go on for as long as six months?

- 1. Yes
- 2. No
- D. Don't Know
- R. Refused

D26. How old were you when [this/any of these things] began to happen?

\_\_\_\_\_ Years old  
D. Don't know  
R. Refused

D27. Does drinking cause important problems for you?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

D28. Do you get into trouble more than other people your age because of these things?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

SECTION E: DRUG DEPENDENCE

[KEITH: IF R ANSWERED "1, 2, 3, 4, OR 5" TO C6b (USED MARIJUANA AT LEAST 3 TIMES IN LAST YEAR) AND R ANSWERED "1-YES" TO C6c (USED MARIJUANA IN LAST 6 MONTHS)  
OR  
IF R ANSWERED "1-YES" TO C6d (USED MARIJUANA MORE THAN ONCE A MONTH IN LAST 6 MONTHS)  
OR  
IF R ANSWERED "1-YES" TO C6e (GOT IN TROUBLE FOR USING MARIJUANA IN LAST 6 MONTHS)  
OR  
IF R ANSWERED "1-YES" TO C18a (HAD A PROBLEM WITH DRUGS) AND R ANSWERED "1-YES" TO C6c (USED MARIJUANA IN LAST 6 MONTHS)  
CONTINUE. OTHERWISE, SKIP TO E26.]

Now, I am going to ask you about experiences related to your use of marijuana or hashish. Please think about the time you were using marijuana or hashish most during the PAST 6 MONTHS, that is, since [MONTH, YEAR].

E1. During that time, did you often smoke more marijuana than you thought you would?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E2. Did you spend more time smoking marijuana than you planned?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E3. Did you try to give up using marijuana but couldn't?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E4. Did you often end up using marijuana when you had decided not to?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E5. During the last 6 months, did you give up smoking marijuana for a short time and then start using it again?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat

- D. Don't Know
- R. Refused

E6. Did using marijuana take up a lot of your time?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E7. In the last 6 months, did it seem you could smoke more and more marijuana before you got high?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E8. Were you often sick after using marijuana?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E9. Did you spend a lot of time worrying about how you would get hold of marijuana?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E10. Was smoking marijuana something you couldn't stop thinking about...that you couldn't put out of your head?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

[KEITH: IF R ANSWERED "1 - GOING TO SCHOOL" OR "2 - GOING TO SCHOOL AND WORKING AT A JOB" TO B5, USE THE "SCHOOL" OPTION IN ITEMS E11-E15. IF R ANSWERED "3 - WORKING AND NOT GOING TO SCHOOL" USE THE "WORK" OPTION IN E11-E15. IF R ANSWERED "4 - NEITHER GOING TO SCHOOL NOR WORKING", "DON'T KNOW", OR "REFUSED," TO B5, SKIP TO E16.]

E11. Would you often miss [SCHOOL/WORK] because you were high, stoned or too sick from using marijuana?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know

- R. Refused
- E12. In the last 6 months, did you ever go to [SCHOOL/WORK] when you were high or stoned on marijuana?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- E13. In the last 6 months, did you ever use marijuana while you were at [SCHOOL/WORK]?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- E14. Did [YOUR GRADES GO DOWN/YOU HAVE PROBLEMS DOING YOUR JOB] because of using marijuana?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- E15. Did using marijuana cause any OTHER problems for you at [SCHOOL/WORK]?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- E16. Did using marijuana cause any problems with how you got along with other people?
1. Yes
  2. No ---> SKIP TO E17
  3. Sometimes/Somewhat
  - D. Don't Know ---> SKIP TO E17
  - R. Refused ---> SKIP TO E17
- E16a. Did you have problems with family members because you used marijuana?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- E16b. Did you lose friends because you used it?
1. Yes
  2. No
  3. Sometimes/Somewhat

- D. Don't Know
- R. Refused

E17. Do most of your friends use marijuana?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E18. Did you give up doing things you liked because you smoked marijuana? For example, did you stop playing sports or doing activities after school or work?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E19. In the last 6 months, did you ever drive a car when you were high or stoned, OR do ANYTHING ELSE that might have been dangerous for you or others?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E20. In the last 6 months, were you ever told to stop using marijuana by a doctor or nurse because it was bad for you?

- 1. Yes
- 2. No ---> SKIP TO E21
- D. Don't Know ---> SKIP TO E21
- R. Refused ---> SKIP TO E21

E20a. Did you keep on using marijuana even after you were told that?

- 1. Yes
- 2. No
- D. Don't Know
- R. Refused

E21. During the time in the last 6 months when you were using marijuana the most, did you get sad, or depressed, or more irritable?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

[KEITH: IF R ANSWERED "1-YES" OR "3-SOMETIMES/SOMEWHAT" TO ANY OF THE FOLLOWING ITEMS: E1-E16, E18, E19, E20a, E21, CONTINUE; OTHERWISE, SKIP TO E26.]



- E22. You told me that you [KEITH: LIST KEY PHRASES FOR ALL ITEMS FROM E1-E16, E18, E19, E20a, E21, FOR WHICH R ANSWERED "YES" OR "SOMETIMES/SOMEWHAT".] (Was this/Were any of these things) going on for as long as a month?
1. Yes
  2. No ---> SKIP TO E23
  - D. Don't Know ---> SKIP TO E23
  - R. Refused ---> SKIP TO E23
- E22a. Did this go on for as long as six months?
1. Yes
  2. No
  - D. Don't Know
  - R. Refused
- E23. How old were you when (this/any of these things) began to happen?
- \_\_\_\_\_ Years old
- D. Don't know
  - R. Refused
- E24. Does using marijuana cause important problems for you?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- E25. Do you get into trouble more than other people your age because of these things?
1. Yes
  2. No
  3. Sometimes/Somewhat
  - D. Don't Know
  - R. Refused
- E26. [KEITH: IF R USED ANY DRUG FROM THE LIST BELOW AT LEAST 3 TIMES IN THE PAST YEAR AND AT LEAST ONCE IN THE PAST 6 MONTHS, THAT IS: IF R ANSWERED "1,2,3,4, OR 5" TO
- C7b (HALLUCINOGENS OR PSYCHEDELICS) AND "YES" TO C7c,  
 C8a (AMPHETAMINES) AND "YES" TO C8b,  
 C9a (SEDATIVES) AND "YES" TO C9b,  
 C10a (TRANQUILIZERS) AND "YES" TO C10b,  
 C11b (CRACK) AND "YES" TO C11c,  
 C12b (FORMS OF COCAINE BESIDES CRACK) AND "YES" TO C12c,  
 C13a (HEROIN) AND "YES" TO C13b,  
 C14a (PAIN KILLERS) AND "YES" TO C14b,  
 C15b (INHALANTS)] AND "YES" TO C15c,

OR

IF R ANSWERED "1-YES" TO AT LEAST THREE OF THE FOLLOWING: C7c, C8b, C9b, C10b, C11c, C12c, C13b, C14b, C15c (USED AT LEAST THREE OF THESE DRUGS IN THE LAST 6 MONTHS)

OR

IF R ANSWERED "1-YES" TO C18a (HAD A PROBLEM WITH DRUGS) AND R ANSWERED "1-YES" TO AT LEAST ONE OF THE FOLLOWING: C7c, C8b, C9b, C10b, C11c, C12c, C13b, C14b, C15c (USED AT LEAST ONE OF THESE DRUGS IN THE LAST 6 MONTHS)

CONTINUE. OTHERWISE, SKIP TO SECTION F.]

[KEITH: LIST THE NAMES OF THE QUALIFYING DRUGS FOR "DRUG/DRUGS" IN ITEMS FROM E27 TO E53.]

Next, I am going to ask you about experiences related to your use of [NAME ALL QUALIFYING DRUGS FROM E26.] Please think about the time when you were using (this/these) drugs the most during the last 6 months, that is, since [MONTH, YEAR].

E27. During that time, did you often use more [DRUG/DRUGS] than you thought you would?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E28. Did you spend more time using [DRUG/DRUGS] than you planned?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E29. Did you try to stop using [DRUG/DRUGS] but couldn't?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E30. During the last 6 months, did you often end up using [DRUG/DRUGS] when you had decided not to?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E31. During the last 6 months, did you give up [DRUG/DRUGS] for a short time and then have to start using [DRUG/DRUGS] again?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat

- D. Don't Know
- R. Refused

E32. Did your using [DRUG/DRUGS] take up a lot of your time?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E33. During the last 6 months, did it seem you could use more and more [DRUG/DRUGS] before they had an effect on you?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E34. Were you often hungover or sick after using [DRUG/DRUGS]?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E35. Did you spend a lot of time worrying about how you would get hold of [DRUG/DRUGS]?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E36. Was using [DRUG/DRUGS] something you couldn't stop thinking about...that you couldn't put out of your head?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

[KEITH: IF R ANSWERED "1 - GOING TO SCHOOL" OR "2 - GOING TO SCHOOL AND WORKING AT A JOB" TO B5, USE THE "SCHOOL" OPTION IN ITEMS E37-E41. IF R ANSWERED "3 - WORKING AND NOT GOING TO SCHOOL" USE THE "WORK" OPTION IN E37-E41. IF R ANSWERED "4 - NEITHER GOING TO SCHOOL NOR WORKING", "DON'T KNOW", OR "REFUSED," TO B5, SKIP TO E42.]

E37. Would you often miss [SCHOOL/WORK] because you used [DRUG/DRUGS] or were sick because of [DRUG/DRUGS]?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat

- D. Don't Know  
R. Refused
- E38. In the last 6 months, did you ever go to [SCHOOL/WORK] when you were high on [DRUG/DRUGS]?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know  
R. Refused
- E39. In the last 6 months, did you ever use [DRUG/DRUGS] while you were at [SCHOOL/WORK]?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know  
R. Refused
- E40. Did [YOUR GRADES GO DOWN/YOU HAVE PROBLEMS DOING YOUR JOB] because of using [DRUG/DRUGS]?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know  
R. Refused
- E41. Did using [DRUG/DRUGS] cause any OTHER problems for you at [SCHOOL/WORK]?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know  
R. Refused
- E42. Did using [DRUG/DRUGS] cause any problems with how you got along with other people?
1. Yes  
2. No ---> SKIP TO E43  
3. Sometimes/Somewhat  
D. Don't Know ---> SKIP TO E43  
R. Refused ---> SKIP TO E43
- E42a. Did you have problems with family members because you used [DRUG/DRUGS]?
1. Yes  
2. No  
3. Sometimes/Somewhat  
D. Don't Know  
R. Refused
- E42b. Did you lose friends because of your use of [DRUG/DRUGS]?
1. Yes  
2. No

- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E42c. Did you get into fights after using [DRUG/DRUGS]?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E43. Do most of your friends use [DRUG/DRUGS]?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E44. Did you give up doing things you liked because you were using [DRUG/DRUGS]? For example, did you stop playing sports or doing activities after school or work?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E45. In the last 6 months, did you ever drive a car when you used [DRUG/DRUGS], or did you do anything else that might have been dangerous for you or others?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E46. In the last 6 months, were you ever told to stop using [DRUG/DRUGS] by a doctor or nurse because it was bad for you?

- 1. Yes
- 2. No ---> SKIP TO E47
- D. Don't Know ---> SKIP TO E47
- R. Refused ---> SKIP TO E47

E46a. Did you go on using [DRUG/DRUGS] even after you were told that?

- 1. Yes
- 2. No
- D. Don't Know
- R. Refused

E47. During the time in the last 6 months when you were using [DRUG/DRUGS] the most, did you get sad, or depressed, or more irritable?

1. Yes
2. No
3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E48. In the last 6 months, did you ever get sick or have any physical problems when you stopped using [DRUG/DRUGS]?

1. Yes
2. No ---> SKIP TO E49
3. Sometimes/Somewhat
- D. Don't Know ---> SKIP TO E49
- R. Refused ---> SKIP TO E49

E48a. What kind of physical problem?

[PROBE: What kind of physical problems did you have when you stopped using (this drug/any of these drugs)?

---

E49. Did you often use [DRUG/DRUGS] to get rid of a sick or UNCOMFORTABLE FEELING you got after you stopped using (this drug/any of these drugs)?

1. Yes
2. No
3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E50. Did you ever find that you couldn't remember what you had said or done while you were using [DRUG/DRUGS]?

1. Yes
2. No
3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

[KEITH: IF R ANSWERED "1-YES" OR "3-SOMETIMES/SOMEWHAT" TO ANY OF THE FOLLOWING ITEMS: E27-E42, E44, E45, E46a-E48, E49, E50, CONTINUE; OTHERWISE, SKIP TO SECTION F.]

E51. You told me that you [KEITH: LIST KEY PHRASES FOR ALL ITEMS FROM: E27-E42, E44, E45, E46a-E48, E49, E50, FOR WHICH R ANSWERED "YES" OR "SOMETIMES/SOMEWHAT."] (Was this/Were these things) going on for as long as a month?

1. Yes
2. No ---> SKIP TO E52
- D. Don't Know ---> SKIP TO E52
- R. Refused ---> SKIP TO E52

E51a. Did this go on for as long as six months?

1. Yes
2. No

- D. Don't Know
- R. Refused

E52. How old were you when (this/any of these things) began to happen?

\_\_\_\_\_ Years old

- D. Don't know
- R. Refused

E53. Does using [DRUG/DRUGS] cause important problems for you?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

E54. Do you get into trouble more than other kids your age because of these things?

- 1. Yes
- 2. No
- 3. Sometimes/Somewhat
- D. Don't Know
- R. Refused

SECTION F: TREATMENT

[KEITH: IF R MEETS CRITERIA TO SCREEN INTO EITHER SECTION D FOR ALCOHOL DEPENDENCE OR SECTION E FOR DRUG DEPENDENCE, CONTINUE. OTHERWISE, SKIP TO SECTION G.]

Now, I am going to ask you some questions about different types of help people sometimes try to get for problems related to alcohol or drug use.

- F1. The first question is about whether you ever tried to get help, counseling, or treatment for YOUR alcohol or drug use. This could include anything you might have done to try to get help like talking to your friends, a teacher or someone in your family. It could include going to see a doctor or counselor, going to meetings of groups like Alcoholics Anonymous for problems YOU are having, or getting detox or treatment at a formal drug or alcohol treatment center.

Did you ever get or try to get help, counseling, or treatment for YOUR alcohol or drug use?

- 1. Yes
- 2. No ---> SKIP TO F7a
- D. Don't know ---> SKIP TO F7a
- R. Refused ---> SKIP TO F7a

- F2. Have you ever tried to get help for problems related to your drug or alcohol use from family or friends or Natural Helpers?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

- F3. Have you ever tried to get help for problems related to your drug or alcohol use from family doctor, a teacher, a pastor, or a counselor?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

- F4. Have you ever gone to meetings of Alcoholics Anonymous or Narcotics Anonymous for problems related to YOUR drug or alcohol use? [INSTRUCTION: THIS DOES NOT INCLUDE MEETINGS OF AL-ANON FOR FAMILIES OF ALCOHOLICS.]

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

- F5. Have you ever received help or treatment from a formal drug or alcohol treatment center or detox center?

- 1. Yes
- 2. No ---> SKIP TO F6
- D. Don't know ---> SKIP TO F6
- R. Refused ---> SKIP TO F6

- F5a. Did you stay overnight at the treatment or detox center one night or more?

- 1. Yes



- 2. No
- D. Don't know
- R. Refused

F5b. Did you receive counseling at a treatment center?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

F5c. What kind of treatment did you receive?

[PROBE1: Did this include group sessions or only individual (one-on-one) counseling sessions with a counsellor or therapist?]

[PROBE2: How long did each session last? Less than two hours or more than that?]

[PROBE3: How often did you receive counseling? Every day or only once or twice a week?]

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F6. [KEITH: IF R ANSWERED "NO," "DON'T KNOW," OR "REFUSED" TO F2, F3, F4, AND F5, CONTINUE. IF R ANSWERED "NO," "DON'T KNOW," OR "REFUSED" TO F5 BUT "YES" TO F2, F3, OR F4, SKIP TO F8a. IF R ANSWERED "YES" TO F5, BRANCH TO SECTION G.]

F6a. What type of help, counseling, or treatment have you received or tried to get for your alcohol or drug use?

1. [INSTRUCTION: RECORD DESCRIPTION]

---> SKIP TO F8a

2. None [INSTRUCTION: CONFIRM BY SAYING: "So you have never received or tried to get any form of help, counseling, or treatment for your alcohol or drug use. Is that right?]

- D. Don't know
- R. Refused

F7a. At any time during the last 12 months, did you feel you needed help, counseling, or treatment for any problems related to your drug or alcohol use?

- 1. Yes
- 2. No ---> SKIP TO SECTION G
- D. Don't know ---> SKIP TO SECTION G
- R. Refused ---> SKIP TO SECTION G

F7b. I'm going to read a list of reasons some people give for why they have not tried to get help or treatment. When I read each statement, please tell me if this was one of the reasons YOU did not try to get help in the last 12 months. Just tell me "yes" or "no."

[1=YES, 2=NO, D=DON'T KNOW, R=REFUSED]

You didn't try to get help because ...

\_\_\_ a. You didn't know where to go or whom to call.

- \_\_\_ b. You didn't want your friends to think you had a problem.
- \_\_\_ c. You didn't want your parents to think you had a problem.
- \_\_\_ d. The treatment center you knew about was too far away or too difficult to get to.
- \_\_\_ e. You didn't have the money or insurance to pay for counseling or treatment.
- \_\_\_ f. Are there any other reasons you didn't try to get help?

[PROBE: CAN YOU TELL ME ABOUT THEM?]

[INTERVIEWER: READ,

Would you like some assistance in getting help since you have said that you felt that needed help? What I can do is give your name and telephone number to a drug treatment center in your area and ask them to contact you. In order to do that I need your permission. If you remember, I promised confidentiality when we started this interview. If you give me your permission, then I will give your name, telephone number, and the county in which you live to the director of this project. He will contact a drug treatment center near you and give them your name and telephone number. They will contact you and arrange an opportunity for you to discuss your alcohol or drug use with them. I will not provide any information about you to the project director other than your name, your telephone number, and the county in which you live. If you wish I could also give you the name of the project director and his telephone number, so you may contact him if you have concerns. (If the respondent wishes, the name and work telephone number of the project director will be given to them.)

*If the respondent says yes, the interviewer will get the name and telephone number where they wish to be contacted from the respondent. That information along with the county in which the respondent lives will be provided to the project director. The project director will then contact the nearest drug treatment center and give them the name and telephone number of the respondent. After the name, telephone number, and county in which the respondent lives are provided to a local drug treatment center no record will be maintained by either SESRC or project staff.*

*If the respondent indicates they are not interested in assistance, than at this point in the interview a 1-800-telephone number will be offered to them.*

[KEITH: BRANCH TO SECTION G.]

F8a. At any time during the last 12 months, did you feel you needed treatment from a FORMAL drug or alcohol treatment center or detox center for any problems related to your drug or alcohol use?

- 1. Yes
- 2. No ---> SKIP TO SECTION G
- D. Don't know ---> SKIP TO SECTION G
- R. Refused ---> SKIP TO SECTION G

F8b. I'm going to read a list of reasons some people give for why they have not gotten treatment. When I read each statement, please tell me if this was one of the reasons YOU did not get treatment in the last 12 months. Just tell me "yes" or "no."

[1=YES, 2=NO, D=DON'T KNOW, R=REFUSED]

You didn't get treatment because ...

- \_\_\_ a. You didn't know where to go or whom to call.
- \_\_\_ b. You didn't want your friends to think you had a problem.
- \_\_\_ c. You didn't want your parents to think you had a problem.
- \_\_\_ d. The treatment center you knew about was too far away or too difficult to get to.
- \_\_\_ e. You didn't have the money or insurance to pay for treatment.
- \_\_\_ f. Are there any other reasons you didn't try to get help?

[PROBE: CAN YOU TELL ME ABOUT THEM?]

\_\_\_\_\_  
\_\_\_\_\_

[INTERVIEWER: READ, Interviewer:

Would you like some assistance in getting help since you have said that you felt that needed help? What I can do is give your name and telephone number to a drug treatment center in your area and ask them to contact you. In order to do that I need your permission. If you remember, I promised confidentiality when we started this interview. If you give me your permission, then I will give your name, telephone number, and the county in which you live to the director of this project. He will contact a drug treatment center near you and give them your name and telephone number. They will contact you and arrange an opportunity for you to discuss your alcohol or drug use with them. I will not provide any information about you to the project director other than your name, your telephone number, and the county in which you live. If you wish I could also give you the name of the project director and his telephone number, so you may contact him if you have concerns. (If the respondent wishes, the name and work telephone number of the project director will be given to them.)

*If the respondent says yes, the interviewer will get the name and telephone number where they wish to be contacted from the respondent. That information along with the county in which the respondent lives will be provided to the project director. The project director will then contact the nearest drug treatment center and give them the name and telephone number of the respondent. After the name, telephone number, and county in which the respondent lives are provided to a local drug treatment center no record will be maintained by either SESRC or project staff.*

*If the respondent indicates they are not interested in assistance, than at this point in the interview a 1-800-telephone number will be offered to them.*

## SECTION G: ADOLESCENT RISK FACTORS

Now, I'm going to ask you a few questions about your neighborhood or the area around where you live. The things I'm going to ask you about may not have happened to you or anyone you know, but just tell me what you THINK happens in your neighborhood.

G1. First, in the area around where you live, how often do you think stores ask for ID from people buying alcohol? Would you say...

- 1. NEVER
- 2. RARELY
- 3. SOMETIMES
- 4. OFTEN
- D. Don't know
- R. Refused

G2. If someone in the area around where you live were selling drugs, how likely do you think it is that that person would be caught AND punished? Would it be ...

- 1. VERY LIKELY
- 2. SOMEWHAT LIKELY
- 3. SOMEWHAT UNLIKELY
- 4. VERY UNLIKELY
- D. Don't know
- R. Refused

The next questions are about things you may not have done. That's okay. Just put yourself in the situation for a moment.

G3. If you had the money, and wanted to get some beer, wine, or liquor, how easy would it be for you to get some? Would it be...

- 1. VERY EASY
- 2. SOMEWHAT EASY
- 3. SOMEWHAT DIFFICULT
- 4. VERY DIFFICULT
- D. Don't know
- R. Refused

G4. If you had the money, and wanted to get marijuana, how easy would it be for you to get some? Would it be...

- 1. VERY EASY
- 2. SOMEWHAT EASY
- 3. SOMEWHAT DIFFICULT
- 4. VERY DIFFICULT
- D. Don't know
- R. Refused

G5. If you had the money, and wanted to get cigarettes or other tobacco products, how easy would it be for you to get some? Would it be...

- 1. VERY EASY
- 2. SOMEWHAT EASY
- 3. SOMEWHAT DIFFICULT
- 4. VERY DIFFICULT

- D. Don't know
- R. Refused

G6. If you had the money, and wanted to get cocaine or crack, how easy would it be for you to get some? Would it be...

- 1. VERY EASY
- 2. SOMEWHAT EASY
- 3. SOMEWHAT DIFFICULT
- 4. VERY DIFFICULT
- D. Don't know
- R. Refused

Next, I'd like to ask you about some things that sometimes happen in families. For each one, please tell me if it happened in your family in the last 12 months.

G7a. Have either of your parents or the adults you lived with lost their job?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G7a. Have you moved in the last 12 months?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G7b. Have you had a close relative die?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G7c. Have your parents divorced, separated, or broken up in the last 12 months?

- 1. Yes
- 2. No
- 3. Does not apply (e.g., raised by a single parent who was never married)
- D. Don't know
- R. Refused

[KEITH: IF THE RESPONDENT LIVES IN A HOUSEHOLD WITHOUT PERSONS AGED 18 OR OVER, CONTINUE; OTHERWISE, SKIP TO G8a.]

G8. For the next few questions, think about the last household where you lived with your parents or legal guardians for a year or more.

[BRANCH TO G9.]

G8a. Now I'd like to ask some questions about where you lived last year. Since [MONTH, YEAR], have you lived in ONE family all of the time, OR have you split your time between TWO OR MORE households?

1. One household ---> SKIP TO G9
2. Two or more households
3. Neither ---> [SPECIFY WHERE LIVED: \_\_\_\_\_] AND SAY, "For the next few questions, think about the household where you lived most of the time during the last 12 months BEFORE you lived (WHERE LIVED).] ---> SKIP TO G9
- D. Don't know ---> SKIP TO G9
- R. Refused ---> SKIP TO G9

G8b. For the next few questions, think about the household where you spent the most time during the last 12 months. Okay?

1. Yes
2. No, spent equal amounts of time between 2 households ---> [INSTRUCTION: Then, I'd like to ask you a few questions about who lives in each of these households. Let's start with the one where you are right now.]

G9. Did this household include ...

G9a. Your mother?

1. Yes ---> SKIP TO G9c
2. No
- D. Don't know
- R. Refused

G9b. Your stepmother?

1. Yes
2. No
- D. Don't know
- R. Refused

G9c. Your father?

1. Yes ---> SKIP TO G9f
2. No
- D. Don't know
- R. Refused

G9d. Your stepfather?

1. Yes ---> SKIP TO G9f
2. No
- D. Don't know
- R. Refused

[KEITH: IF G9a, G9b, G9c, OR G9d = 1, SKIP TO G9f. OTHERWISE, CONTINUE.]

G9e. Who were the adults you lived with most of the time last year?  
[PROBE: Were they your grandparents, legal guardians, or some other relative?]

1. Grandparents
2. Other relative (e.g., sister, brother, aunt, etc.)
3. Legal guardians (but not relatives)
4. Fostercare
5. State home, juvenile residence home, juvenile institution

- 6. No adults, only kids
- 7. Other [Specify: \_\_\_\_\_]
- D. Don't know
- R. Refused

G9f. [KEITH: IF G8b = "2," CONTINUE. OTHERWISE, SKIP TO G10a.]

Now, thinking about the other household where you lived during the last 12 months, did it include your (mother/stepmother), your (father/stepfather)? [KEITH: ASK THE CATEGORIES NOT PRESENT IN THE FIRST HOUSEHOLD.]

[1=YES, 2=NO, D=DON'T KNOW, R=REFUSED]

- \_\_\_\_ G9g. Mother
- \_\_\_\_ G9h. Stepmother
- \_\_\_\_ G9i. Father
- \_\_\_\_ G9j. Stepfather

[KEITH: IF G9g, G9h, G9i, OR G9j = 1, SKIP TO G10a. OTHERWISE, CONTINUE.]

G9k. Who were the adults you lived with in that household?

[PROBE: Were they your grandparents, legal guardians, or some other relative?]

- 1. Grandparents
- 2. Other relative (e.g., sister, brother, aunt, etc.)
- 3. Legal guardians (but not relatives)
- 4. Fostercare
- 5. State home, juvenile residence home, juvenile institution
- 6. Other [Specify: \_\_\_\_\_]
- 7. Not applicable

G10a. How often are the rules in (your family/these households) clear to you? Would you say...

[INSTRUCTION: USE "YOUR FAMILY" IN ALL CASES EXCEPT WHERE R SPLITS HIS/HER TIME EQUALLY BETWEEN TWO HOUSEHOLDS, THEN USE "THESE HOUSEHOLDS."]

- 1. ALWAYS
- 2. SOMETIMES
- 3. RARELY
- 4. NEVER
- D. Don't know
- R. Refused

[KEITH: USE THE FOLLOWING TERMS FOR "ADULT(S)" IN G10b AND G11 IF "YES" TO G8b AND "YES" TO G9a AND G9c, USE "DOES EITHER YOUR FATHER OR MOTHER."  
 "YES" TO G9b AND G9c, USE "DOES EITHER YOUR FATHER OR STEPMOTHER."  
 "YES" TO G9a AND G9d, USE "DOES EITHER YOUR MOTHER OR STEPFATHER."  
 "YES" TO G9a AND "NO" TO G9c AND G9d, USE "DOES YOUR MOTHER."  
 "YES" TO G9c AND "NO" TO G9a AND G9b, USE "DOES YOUR FATHER."  
 OTHERWISE, USE "DO ANY OF THE ADULT(S) YOU LIVE WITH."]

G10b. When you are away from home after school, how often [ADULT(S)] know where you are and who you are with? Would you say...

[INSTRUCTION: IF R SAYS HE/SHE IS NOT IN SCHOOL, THEN SAY: "When you are away from home and not at some place like school or work, how often [ADULT(S)] know where you are and who you are with? Would you say...]

1. ALWAYS
2. SOMETIMES
3. RARELY
4. NEVER
- D. Don't know
- R. Refused

G11. [ADULT(S)] feel it would be wrong for YOU to...

G11a. drink alcohol (beer, wine or liquor) once in awhile (excluding drinking wine for communion)?

1. Yes ---> SKIP TO G11c
2. No
- D. Don't know
- R. Refused

G11b. drink alcohol regularly?

1. Yes
2. No
- D. Don't know
- R. Refused

G11c. drop out of school?

1. Yes
2. No
- D. Don't know
- R. Refused

G11d. smoke cigarettes?

1. Yes
2. No
- D. Don't know
- R. Refused

G11e. smoke marijuana?

1. Yes
2. No
- D. Don't know
- R. Refused

Next, I have a few questions about either of your parents or any other adult you have lived with for AT LEAST a year or more.

G12a. First, have your parents or any other adult you have lived with EVER asked you to bring or light cigarettes for them?



1. Yes
  2. No
  - D. Don't know
  - R. Refused
- G12b. Have your parents or any other adult you have lived with EVER asked you to bring, open, or pour a drink containing alcohol for them?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- G13a. Do you have a parent or any other adult you have lived with who has gotten drunk or high OFTEN either recently or in the past?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- G13b. Do you have a parent or any other adult you have lived with who sometimes used alcohol or drugs soon after getting up in the morning?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- G13c. Has one of your parents or any other adult you have lived with ever received treatment for alcohol or drug problems?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- G13d. Do you have a parent or any other adult you have lived with who has been arrested for drinking and driving?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- G14. [KEITH: IF "YES" TO G9a, USE "MOTHER" IN G14a-G14c. IF "YES" TO G9b, USE "STEPMOTHER" IN G14a-G14c. OTHERWISE, SKIP TO G15.]
- G14a. Now, I want to ask about your relationship with your [MOTHER/STEPMOTHER] during the last 12 months, that is, since [MONTH, YEAR]. During that time, how often did you feel VERY CLOSE to your [MOTHER/STEPMOTHER]? Would you say...
1. ALWAYS
  2. SOMETIMES
  3. RARELY

4. NEVER  
D. Don't know  
R. Refused
- G14b. In the last 12 months, how often did you talk about your thoughts and feelings with your [MOTHER/STEPMOTHER]? Would you say...
1. ALWAYS  
2. SOMETIMES  
3. RARELY  
4. NEVER  
D. Don't know  
R. Refused
- G14c. How much would you like to be the kind of person your [MOTHER/STEPMOTHER] is? Would you say...
1. A LOT  
2. SOME  
3. ONLY A LITTLE  
4. NOT AT ALL  
D. Don't know  
R. Refused
- G15. [KEITH: IF "NO" TO G9a OR IF "NO" TO G8b AND "YES" TO G9g, USE "MOTHER." ELSE IF "NO" TO G8b AND "YES" TO G9h, USE "STEPMOTHER." OTHERWISE, SKIP TO G16.]  
[INSTRUCTION: IF R SAID EARLIER HIS/HER MOTHER WAS DEAD, DO NOT READ G15a BUT RECORD ANSWER "3" AND MATI WILL SKIP TO G16.]
- G15a. Now, I would like to ask you about your [MOTHER/STEPMOTHER]. Do you have a relationship with your [MOTHER/STEPMOTHER]?
1. Yes  
2. No ---> SKIP TO G16  
3. Mother is not living ---> SKIP TO G16  
D. Don't know ---> SKIP TO G16  
R. Refused ---> SKIP TO G16
- G15b. During the last 12 months, that is, since [MONTH, YEAR], how often did you feel VERY CLOSE to your [MOTHER/STEPMOTHER]? Would you say...
1. ALWAYS  
2. SOMETIMES  
3. RARELY  
4. NEVER  
D. Don't know  
R. Refused
- G15c. In the last 12 months, how often did you talk about your thoughts and feelings with your [MOTHER/STEPMOTHER]? Would you say...
1. ALWAYS  
2. SOMETIMES  
3. RARELY  
4. NEVER  
D. Don't know  
R. Refused

- G15d. How much would you like to be the kind of person your [MOTHER/STEPMOTHER] is? Would you say...
1. A LOT
  2. SOME
  3. ONLY A LITTLE
  4. NOT AT ALL
  - D. Don't know
  - R. Refused
- G16. [KEITH: IF "YES" TO G9c, USE "FATHER" IN G16a-G16c. IF "YES" TO G9d, USE "STEPFATHER" IN G16a-G16c. OTHERWISE, SKIP TO G17.]
- G16a. Now, I want to ask about your relationship with your [FATHER/STEPFATHER] during the last 12 months, that is, since [MONTH, YEAR]. During that time, how often did you feel VERY CLOSE to your [FATHER/STEPFATHER]? Would you say...
1. ALWAYS
  2. SOMETIMES
  3. RARELY
  4. NEVER
  - D. Don't know
  - R. Refused
- G16b. In the last 12 months, how often did you talk about your thoughts and feelings with your [FATHER/STEPFATHER]? Would you say...
1. ALWAYS
  2. SOMETIMES
  3. RARELY
  4. NEVER
  - D. Don't know
  - R. Refused
- G16c. How much would you like to be the kind of person your [FATHER/STEPFATHER] is? Would you say...
1. A LOT
  2. SOME
  3. ONLY A LITTLE
  4. NOT AT ALL
  - D. Don't know
  - R. Refused
- G17. [KEITH: IF "NO" TO G9c OR IF "NO" TO G8b AND "YES" TO G9i, USE "FATHER." ELSE IF "NO" TO G8b AND "YES" TO G9j, USE "STEPFATHER." OTHERWISE, SKIP TO G18.]  
[INSTRUCTION: IF R SAID EARLIER HIS/HER FATHER WAS DEAD, DO NOT READ G17a BUT RECORD ANSWER "3" AND MATI WILL SKIP TO G18.]
- G17a. Now, I would like to ask you about your [FATHER/STEPFATHER]. Do you have a relationship with your [FATHER/STEPFATHER]?
1. Yes
  2. No ---> SKIP TO G18
  3. Father is not living ---> SKIP TO G18
  - D. Don't know ---> SKIP TO G18
  - R. Refused ---> SKIP TO G18

G17b. During the last 12 months, that is, since [MONTH, YEAR], how often did you feel VERY CLOSE to your [FATHER/STEPFATHER]? Would you say...

- 1. ALWAYS
- 2. SOMETIMES
- 3. RARELY
- 4. NEVER
- D. Don't know
- R. Refused

G17c. In the last 12 months, how often did you talk about your thoughts and feelings with your [FATHER/STEPFATHER]? Would you say...

- 1. ALWAYS
- 2. SOMETIMES
- 3. RARELY
- 4. NEVER
- D. Don't know
- R. Refused

G17d. How much would you like to be the kind of person your [FATHER/STEPFATHER] is? Would you say...

- 1. A LOT
- 2. SOME
- 3. ONLY A LITTLE
- 4. NOT AT ALL
- D. Don't know
- R. Refused

G18. The next several questions are about kids in general. How much do YOU think kids harm themselves, physically or mentally, if they ...

G18a. smoke cigarettes nearly every day? Would you say...

- 1. A LOT
- 2. SOME
- 3. ONLY A LITTLE
- 4. NOT AT ALL
- D. Don't know
- R. Refused

G18b. smoke cigarettes once a week or less? Would you say...

- 1. A LOT
- 2. SOME
- 3. ONLY A LITTLE
- 4. NOT AT ALL
- D. Don't know
- R. Refused

G18c. smoke marijuana nearly every day? Would you say...

- 1. A LOT
- 2. SOME
- 3. ONLY A LITTLE

- 4. NOT AT ALL
- D. Don't know
- R. Refused

G18d. smoke marijuana once a week or less? (Would you say...)

- 1. A LOT
- 2. SOME
- 3. ONLY A LITTLE
- 4. NOT AT ALL
- D. Don't know
- R. Refused

G18e. drink alcohol nearly every day? (Would you say...)

- 1. A LOT
- 2. SOME
- 3. ONLY A LITTLE
- 4. NOT AT ALL
- D. Don't know
- R. Refused

G18f. drink alcohol once a week or less? (Would you say...)

- 1. A LOT
- 2. SOME
- 3. ONLY A LITTLE
- 4. NOT AT ALL
- D. Don't know
- R. Refused

G19. Do you have a best friend?

- 1. Yes
- 2. No ---> SKIP TO G20
- D. Don't know ---> SKIP TO G20
- R. Refused ---> SKIP TO G20

G19a. How often do you talk about your thoughts and feelings with your best friend? Would you say...

- 1. ALWAYS
- 2. SOMETIMES
- 3. RARELY
- 4. NEVER
- D. Don't know
- R. Refused

G19b. How much do you want to be the kind of person your best friend is? Would you say ...

- 1. A LOT
- 2. SOME
- 3. ONLY A LITTLE
- 4. NOT AT ALL
- D. Don't know
- R. Refused

G19c. In the past year, has your best friend smoked cigarettes?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G19d. In the past year, did your best friend ever drink beer, wine or liquor?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G19e. In the past year, has your best friend used marijuana or other illegal drugs?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G20. In the last 12 months, have you ...

G20a. lied to (your parents/the adults you live with) about where you have been or who you were with?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G20b. ...hit or threatened to hit someone?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G20c. ...sold drugs, like marijuana or cocaine?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G20d. ...damaged or destroyed property that did not belong to you on purpose?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G20e. ...run away from home?

[PROBE: In the past 12 months, have you run away from home for more than two nights and your parents did not have any idea where you were?]

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G20f. ...belonged to a gang?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

G21a. How many times in the past 12 months have you been in a car, truck, or on a motorcycle driven by SOMEONE ELSE who has been drinking alcohol or using drugs? Would you say...

[INSTRUCTION: READ LIST UNTIL R CHOOSES A CATEGORY.]

- 1. NONE
- 2. 1 TIME
- 3. 2 OR 3 TIMES
- 4. 4 OR 5 TIMES
- 5. 6 TO 9 TIMES
- 6. 10 TO 14 TIMES
- 7. 15 OR MORE TIMES
- D. Don't know
- R. Refused

[KEITH: IF R ANSWERED "2" OR "3" TO C1c, C1d, C1e, C1f, C1g, C1h, C1i, C1j, C1k, C1l, OR C1m, CONTINUE. OTHERWISE, SKIP TO G22.]

G21b. If you drive, how many times in the past 12 months did YOU drive a car, truck, or motorcycle while you were drinking alcohol or using drugs or shortly afterwards? Would you say...

[INSTRUCTION: READ LIST UNTIL R CHOOSES A CATEGORY.]

- 1. NONE
- 2. 1 TIME
- 3. 2 OR 3 TIMES
- 4. 4 OR 5 TIMES
- 5. 6 TO 9 TIMES
- 6. 10 TO 14 TIMES
- 7. 15 OR MORE TIMES
- 8. Does not drive
- D. Don't know
- R. Refused

G22. Next, I have some questions about school. Have you been enrolled in (going to) school at any time during the last 12 months?

- 1. Yes
- 2. No ---> SKIP TO G22b
- D. Don't Know ---> SKIP TO G22b
- R. Refused ---> SKIP TO G22b

G22a. Are you currently enrolled in school?

1. Yes ---> SKIP TO G23
2. No
- D. Don't know
- R. Refused

G22b. Are you NOT currently in school because...

1. YOU'RE ON (SCHOOL BREAK/VACATION), BUT WILL GO BACK TO SCHOOL WHEN IT'S OVER ---> SKIP TO G23
2. YOU'VE GRADUATED FROM HIGH SCHOOL ---> SKIP TO G22d
3. YOU WERE EXPELLED OR DROPPED OUT ---> SKIP TO C22d
4. YOU CANNOT ATTEND SCHOOL DUE TO ILLNESS ---> SKIP TO G22d
5. OR SOMETHING ELSE
- D. Don't know ---> SKIP TO G22d
- R. Refused ---> SKIP TO G22d

G22c. What is the reason you are not currently enrolled in school?

---

G22d. When were you last enrolled in school?

\_\_\_\_ MON \_\_\_\_ YR  
 D. Don't know  
 R. Refused

G23. In what grade (are you/were you last) enrolled?

[INSTRUCTION: RECORD FRESHMAN AS "9," SOPHOMORE AS "10," JUNIOR AS "11," AND SENIOR AS "12."]

\_\_\_\_ Grade in school  
 13. G.E.D. program  
 14. Technical school/Community college  
 15. 4-year college  
 16. Other (Specify: \_\_\_\_\_)  
 D. Don't know  
 R. Refused

G23a. What type of school (do you attend/did you last attend)? (Is/Was) it...

[INSTRUCTION: IF R ANSWERED 13, 14, OR 15 TO G23, READ: "What type of high school did you last attend?"]

1. PUBLIC SCHOOL
2. ALTERNATIVE SCHOOL
3. PRIVATE SCHOOL
4. HOME STUDY
5. OR SOMETHING ELSE (Specify: \_\_\_\_\_)
- D. Don't know
- R. Refused

[KEITH: IF G22 = "YES," CONTINUE. OTHERWISE, SKIP TO G23c.]

G23b. Have you changed schools in the last 12 months, that is, since [MONTH, YEAR]?

1. Yes
2. No



- D. Don't know
- R. Refused

G23c. EVENTUALLY, how much schooling do you expect to get? Do you expect to ...

- 1. GO TO HIGH SCHOOL FOR A WHILE BUT NOT FINISH
- 2. FINISH HIGH SCHOOL OR GET A G.E.D.
- 3. GO TO A VOCATIONAL TECH SCHOOL
- 4. GO TO COLLEGE BUT NOT FINISH
- 5. GO TO COLLEGE AND GET A DEGREE
- 6. OR ARE YOU COMPLETELY DONE WITH SCHOOL
- D. Don't know
- R. Refused

G24. What (are/were) your grades in school like (this school year/last school year/when you were last enrolled)? (Do/Did) you get MOSTLY...

[PROBE: IF ASKING QUESTION NEAR THE BEGINNING OF THE SCHOOL YEAR AND R DOES NOT YET HAVE GRADES, ASK: What were your grades in school like LAST school year? Did you get mostly...]

- 1. A'S
- 2. B'S
- 3. C'S
- 4. D'S
- 5. F'S
- 6. Don't get grades
- D. Don't know
- R. Refused

G25. Have you ever stayed back or repeated a grade in school?

- 1. Yes
- 2. No ---> SKIP TO G26
- D. Don't know ---> SKIP TO G26
- R. Refused ---> SKIP TO G26

G25a. How many times have you stayed back or repeated a grade?

\_\_\_\_\_ # of times

G25b. Which grade(s)? [INSTRUCTION: IF MORE THAN TWO GRADES, RECORD THE EARLIEST TWO.]

\_\_\_\_\_ Grade repeated

G25c. \_\_\_\_\_ Grade repeated

G26. During the LAST 12 MONTHS, did you work regularly at any job for pay, INCLUDING baby-sitting, full-time or part-time jobs but NOT including chores around your house for which you get paid?

- 1. Yes
- 2. No ---> SKIP TO G27
- D. Don't Know ---> SKIP TO G27
- R. Refused ---> SKIP TO G27

[KEITH: IF R ANSWERED "1 = YES" TO G22, CONTINUE. OTHERWISE, SKIP TO G26c.]

G26a. Did you work at any of these jobs while you were also a student?

1. Yes
2. No ---> SKIP TO G26c
- D. Don't Know ---> SKIP TO G26c
- R. Refused ---> SKIP TO G26c

G26b. In general, about how many hours per week (do/did) you work for pay while also attending school? Would you say...

1. 1 TO 4 HOURS A WEEK
2. 5 TO 9
3. 10 TO 19
4. 20 TO 39
5. 40 HOURS OR MORE A WEEK
- D. Don't know
- R. Refused

[BRANCH TO G27]

G26c. During the last year, in general, about how many hours per week did you work for pay? Would you say...

1. 1 TO 4 HOURS A WEEK
2. 5 TO 9
3. 10 TO 19
4. 20 TO 39
5. 40 HOURS OR MORE A WEEK
- D. Don't know
- R. Refused

G27. Next, I am going to ask you about your experience at school (over the last 12 months/during the last year you were enrolled in school).

G27a. How much (do/did) you like school? Would you say...

1. A LOT
2. SOME
3. ONLY A LITTLE
4. NOT AT ALL
- D. Don't know
- R. Refused

G27b. Of the teachers you (have this school year/had the last time you were in school), how many (do/did) you like? Would you say...

1. ALL OR MOST
2. SOME
3. ONLY A FEW
4. NONE
- D. Don't know
- R. Refused

G27c. I am going to read two statements about your work at school. For each one, please tell me how much you agree with it. The first is: "It (is/was) important to me to get good grades." Do you ...

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE
- D. Don't know
- R. Refused

G27d. The next statement is: "I usually (try/tried) hard in school." Do you ...

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE
- D. Don't know
- R. Refused

G27e. How often (do/did) you get in trouble at school? Would you say ...

1. ALWAYS
2. SOMETIMES
3. RARELY
4. NEVER
- D. Don't know
- R. Refused

G28. [KEITH: IF R ANSWERED "YES" TO G22, CONTINUE. OTHERWISE, SKIP TO SECTION H.]

In the past 12 months, have you skipped class or school?

1. Yes
2. No
- D. Don't know
- R. Refused

SECTION H: DISABILITY

1. Do you have a physical or mental condition or health problem that seriously limits any major life activity, such as going to school, getting around, communicating, working, or taking care of yourself?

1. Yes  
2. No ---> SKIP TO SECTION I  
D. Don't Know ---> SKIP TO SECTION I  
R. Refused ---> SKIP TO SECTION I

- H2. What sort of physical or mental health condition or health problems do you have that limits the types of things you can do?

[PROBE1: Do you have any other health conditions that limit the types of things you can do?]

[PROBE2: "Anything else?" until respondents indicates "no"]

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- H2a. [INSTRUCTION: IF ONE CONDITION, ENTER "1"; OTHERWISE, ENTER "2".]

1. One condition  
2. More than one condition

- H3. (Has this/Have any of these) condition(s) lasted 6 months or more?

1. Yes  
2. No ---> SKIP TO SECTION I  
D. Don't Know ---> SKIP TO SECTION I  
R. Refused ---> SKIP TO SECTION I

- H3a. [INSTRUCTION: IF H2a = 2 AND R ANSWERED "YES" TO H3, ASK: "Which of these conditions have lasted 6 months or more?" OTHERWISE, SKIP TO H5.]

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- H4. [INSTRUCTION: IF A CONDITION IS LISTED IN H3a BUT NOT IN H2, ASK: "Does [READ EXTRA CONDITION FROM H3a] also limit the types of things you can do?"  
[INSTRUCTION: IF R ANSWERS "YES," RECORD CONDITION THAT WAS NOT LISTED IN H2 BUT HAS LASTED 6 MONTHS OR MORE.]

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- H5. Thinking about [READ ALL CONDITIONS WHICH HAVE LASTED 6 MONTHS OR MORE AND LIMIT WHAT R CAN DO. IF ONLY ONE CONDITION, READ FROM H2. IF MORE THAN ONE CONDITION, READ FROM H3a AND H4.], (does this condition/do any of these conditions) limit the kind or amount of work you can do at a job or at school?

1. Yes  
2. No  
D. Don't Know

R. Refused

H6. (Does this condition/do any of these conditions) prevent you from going to school or working at a job?

- 1. Yes
- 2. No
- D. Don't Know
- R. Refused

H7. (Does this condition/do any of these conditions) make it difficult for you to go outside the home alone, for example, to shop or visit a doctor's office?

- 1. Yes
- 2. No
- D. Don't Know
- R. Refused

H8. (Does this condition/do any of these conditions) make it difficult for you to take care of your own personal needs, such as bathing, dressing, or getting around inside the home?

- 1. Yes
- 2. No
- D. Don't Know
- R. Refused

SECTION I: GENERALIZED ANXIETY DISORDER AND PANIC ATTACK

- I1. During the past 12 months, did you ever have a period of time, lasting one month or longer, when you felt worried or anxious most of the time?
1. Yes
  2. No ---> SKIP TO I5
  - D. Don't Know ---> SKIP TO I5
  - R. Refused ---> SKIP TO I5
- I2. Has that period ended or is it still going on?
1. Ended
  2. Still going on ---> SKIP TO I2e
- I2a. How many months or years did it go on before it ended?
- \_\_\_\_\_ MONTHS or \_\_\_\_\_ YEARS
- I2b. During that period, did you worry about things that were not likely to happen?
1. Yes ---> SKIP TO I2d
  2. No
  - D. Don't Know
  - R. Refused
- I2c. Did you worry a great deal about things that were not really serious?
1. Yes
  2. No ---> SKIP TO I5
  - D. Don't Know ---> SKIP TO I5
  - R. Refused ---> SKIP TO I5
- I2d. During this period of worry or anxiety, did you have different worries on your mind at the same time?
1. Yes ---> [UNCONDITIONAL BRANCH TO I3]
  2. No ---> [UNCONDITIONAL BRANCH TO I3]
  - D. Don't Know ---> [UNCONDITIONAL BRANCH TO I3]
  - R. Refused ---> [UNCONDITIONAL BRANCH TO I3]
- I2e. How many months or years has it been going on?
- \_\_\_\_\_ MONTHS or \_\_\_\_\_ YEARS
- I2f. Do you worry about things that are not likely to happen?
1. Yes ---> SKIP TO I2h
  2. No
  - D. Don't Know
  - R. Refused
- I2g. Do you worry a great deal about things that are not really serious?
1. Yes
  2. No ---> SKIP TO I5
  - D. Don't Know ---> SKIP TO I5
  - R. Refused ---> SKIP TO I5

- I2h. Do you have different worries on your mind at the same time?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I3. CHECKPOINT
- [KEITH: IF I2a OR I2e IS LESS THAN SIX MONTHS, SKIP TO I5]
- I4. When you (are/were) worried or anxious, (are/were) you also...
- I4a. ...restless?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I4b. ...keyed up or on edge?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I4c. ...particularly irritable?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I4d. ...aware of your heart pounding or racing?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I4e. ...easily tired
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I4f. ...having trouble falling asleep or staying asleep?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused

I4g. ...feeling faint or unreal?

- 1. Yes
- 2. No
- D. Don't Know
- R. Refused

I5. During the past 12 months, did you ever have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?

- 1. Yes ---> SKIP TO I6
- 2. No
- D. Don't Know
- R. Refused

I5a. During the past 12 months, did you have a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath?

[INSTRUCTION: IF R VOLUNTEERS ONLY WHEN HAVING HEART ATTACK, OR DUE TO PHYSICAL CAUSES, MARK "No".]

- 1. Yes
- 2. No ---> SKIP TO SECTION J
- D. Don't Know ---> SKIP TO SECTION J
- R. Refused ---> SKIP TO SECTION J

I6. About how many attacks did you have in the past 12 months?

\_\_\_\_\_ Number

I7. In what month did you have (the last one/this attack)?

\_\_\_\_\_ Month \_\_\_\_\_ Year

I8. Did (these attacks ever happen in situations/this attack happen in a situation) when you were NOT in danger or NOT the center of attention?

- 1. Yes
- 2. No ---> SKIP TO SECTION J
- D. Don't Know ---> SKIP TO SECTION J
- R. Refused ---> SKIP TO SECTION J

I9. When you have attacks...

I9a. Does your heart pound?

- 1. Yes
- 2. No
- D. Don't Know
- R. Refused

I9b. Do you have tightness, pain, or discomfort in your chest or stomach?

- 1. Yes
- 2. No
- D. Don't Know



- R. Refused
- I9c. Do you sweat?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I9d. Do you tremble or shake?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I9e. Do you have hot flashes or chills?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused
- I9f. Do you, or things around you, seem unreal?
- 1. Yes
  - 2. No
  - D. Don't Know
  - R. Refused

SECTION J: DEPRESSION

J1. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

- 1. Yes
- 2. No ---> SKIP TO J9
- D. Don't know ---> SKIP TO J9
- R. Refused ---> SKIP TO J9

J1a. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last most of the day, about half the day, or less than half the day?

- 1. Most
- 2. About half
- 3. Less than half

J1b. During those two weeks, did you feel this way every day, almost every day, or less often?

- 1. Every day
- 2. Almost every day
- 3. Less often

J1c. During those two weeks did you lose interest in most things?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

J1d. Did you feel tired out or low on energy all the time?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

J2. Did you gain weight, lose weight, or stay about the same?

- 1. Gain
- 2. Lose
- 3. Stay about the same ---> SKIP TO J3
- 4. If volunteered: Respondent was on a diet ---> SKIP TO J3
- D. Don't know ---> SKIP TO J3
- R. Refused ---> SKIP TO J3

J2a. About how much did you (gain/lose)?

\_\_\_\_\_pounds

J3. Did you have more trouble falling asleep than you usually do?

- 1. Yes
- 2. No ---> SKIP TO J4
- D. Don't know ---> SKIP TO J4
- R. Refused ---> SKIP TO J4

- J3a. Did that happen every night, nearly every night, or less often during those two weeks?
1. Every night
  2. Nearly every night
  3. Less often
- J4. Did you have a lot more trouble concentrating than usual?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- J5. At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- J6. Did you think a lot about death -- either your own, someone else's, or death in general?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- J7. [KETIH: COUNT YES RESPONSES IN J1c-J6]
1. IF ZERO "YES" RESPONSES ---> SKIP TO SECTION K
  2. ONE OR MORE "YES" RESPONSES ---> CONTINUE
- J8. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like [READ THE FIRST TWO DESCRIPTIONS MARKED "YES" FOR ITEMS J1c - J6].  
About how many weeks altogether did you feel this way during the past 12 months?
- \_\_\_\_\_ weeks
- J8a. Think about the last time you had two weeks in a row when you felt this way, In what month and year was that?
- \_\_\_\_\_ month \_\_\_\_\_ year ---> SKIP TO SECTION K
- J9. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?
1. Yes
  2. No ---> SKIP TO SECTION K
  - D. Don't know ---> SKIP TO SECTION K
  - R. Refused ---> SKIP TO SECTION K
- J9a. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During the two-week period, did the loss of interest usually last most of the day, about half the day, or less than half the day?

1. Most
  2. About half
  3. Less than half
- J9b. Did you feel this way every day, almost every day, or less often?
1. Every day
  2. Almost every day
  3. Less often
- J9c. During those two-weeks, did you feel tired out or low on energy all the time?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- J10. Did you gain weight, lose weight, or stay about the same?
1. Gain
  2. Lose
  3. Stay about the same ---> SKIP TO J11
  4. If volunteered: Respondent was on a diet ---> SKIP TO J11
  - D. Don't know ---> SKIP TO J11
  - R. Refused ---> SKIP TO J11
- J10a. About how much did you (gain/lose)?
- \_\_\_\_\_pounds
- J11. Did you have more trouble falling asleep than you usually do?
1. Yes
  2. No ---> SKIP TO J12
  - D. Don't know ---> SKIP TO J12
  - R. Refused ---> SKIP TO J12
- J11a. Did that happen every night, nearly every night, or less often during those two weeks?
1. Every night
  2. Nearly every night
  3. Less often
- J12. Did you have a lot more trouble concentrating than usual?
1. Yes
  2. No
  - D. Don't know
  - R. Refused
- J13. At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?
1. Yes
  2. No
  - D. Don't know

R. Refused

J14. Did you think a lot about death -- either your own, someone else's, or death in general?

- 1. Yes
- 2. No
- D. Don't know
- R. Refused

J15. [KETIH: COUNT YES RESPONSES IN J9c - J14

- 1. IF ZERO "YES" RESPONSES ---> SKIP TO SECTION K
- 2. ONE OR MORE "YES" RESPONSES ---> CONTINUE

J16. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like [READ THE FIRST TWO DESCRIPTIONS MARKED "YES" FOR ITEMS J9c-J14].

About how many weeks altogether did you feel this way during the past 12 months?

\_\_\_\_\_ weeks

J16a. Think about the last time you had two weeks in a row when you felt this way. In what month and year was that?

\_\_\_\_\_ month \_\_\_\_\_ year

SECTION K: DEMOGRAPHICS

Now, I have some questions for statistical purposes.

K1. Are you Hispanic (Mexican American, Latin American, Puerto Rican, or Cuban)?

1. Yes
2. No ---> SKIP TO K3
- D. Don't know ---> SKIP TO K3
- R. Refused ---> SKIP TO K3

K2. Are you ...

1. MEXICAN, MEXICAN-AMERICAN, CHICANO
2. PUERTO RICAN
3. CUBAN
4. SOME OTHER NATIONAL ORIGIN  
[PROBE: WHICH ONE? \_\_\_\_\_]
- D. Don't know
- R. Refused

K3. What race do you consider yourself to be?

[INSTRUCTION: READ LIST UNTIL R CHOOSES A CATEGORY]

1. WHITE ---> SKIP TO K4
2. BLACK OR AFRICAN AMERICAN ---> SKIP TO K4
3. ASIAN OR PACIFIC ISLANDER ---> SKIP TO K3b
4. AMERICAN INDIAN OR NATIVE AMERICAN
5. ESKIMO ---> SKIP TO K4
6. ALEUT ---> SKIP TO K4
7. OTHER [INSTRUCTION: RECORD MIXED RACE HERE IN THE ORDER R  
SAYS THEM \_\_\_\_\_]
- D. Don't know
- R. Refused

K3a. What tribe do you consider yourself to be?

[INSTRUCTION: LIST ALL TRIBES MENTIONED]

\_\_\_\_\_

[BRANCH TO K4]

K3b. Are you...

[INSTRUCTION: READ LIST UNTIL R CHOOSES A CATEGORY]

1. CAMBODIAN
2. CHINESE
3. FILIPINO
4. HAWAIIAN
5. KOREAN
6. LAOTIAN
7. VIETNAMESE
8. JAPANESE
9. GUAMANIAN (Chamorro)

- 10. SAMOAN
- 11. ASIAN INDIAN
- 12. SOME OTHER NATIONAL ORIGIN  
[PROBE: WHICH ONE?] \_\_\_\_\_]
- D. Don't know
- R. Refused

[KEITH: IF AGE CALCULATED FROM A12 IS 16 YEARS OR OLDER, CONTINUE. OTHERWISE, SKIP TO K5.]

K4. What is your marital status? Are you ...

- 1. SINGLE
- 2. ENGAGED
- 3. MARRIED ---> SKIP TO K6
- 4. DIVORCED OR SEPARATED
- D. Don't Know
- R. Refused

K5. [KEITH: IF A11 = 2 (FEMALE), CONTINUE. OTHERWISE, SKIP TO K7a.]

K6. Have you ever been pregnant?

- 1. Yes
- 2. No ---> SKIP TO K7a
- D. Don't know/not sure ---> SKIP TO K7a
- R. Refused ---> SKIP TO K7a

K6a. Are you pregnant right now?

- 1. Yes
- 2. No
- D. Don't know/not sure
- R. Refused

K6b. How many children have you had?

- \_\_\_\_\_ # of children
- D. Don't know
  - R. Refused

K7a. The next two questions ask about your parents. If you were raised mostly by foster parents, step-parents, or others, answer for them. For example, if you have both a step-father and a natural father, answer for the one that was most important in raising you.

To the best of your knowledge, how far did your FATHER get in school or college? Did he...

- 1. STOP BEFORE COMPLETING HIGH SCHOOL
- 2. FINISH HIGH SCHOOL
- 3. GO TO A VOCATIONAL TECH SCHOOL
- 3. GO TO COLLEGE BUT NEVER FINISH
- 4. GO TO COLLEGE AND GET A DEGREE
- 5. GO TO GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE
- D. Don't know or does not apply

R. Refused

K7b. To the best of your knowledge, how far did your MOTHER get in school or college? Did she...

1. STOP BEFORE COMPLETING HIGH SCHOOL
  2. FINISH HIGH SCHOOL
  3. GO TO A VOCATIONAL TECH SCHOOL
  3. GO TO COLLEGE BUT NEVER FINISH
  4. GO TO COLLEGE AND GET A DEGREE
  5. GO TO GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE
- D. Don't know or does not apply
- R. Refused

K8. Have you ever been in trouble with the law?

1. Yes
  2. No ---> SKIP TO K9
- D. Don't know ---> SKIP TO K9
- R. Refused ---> SKIP TO K9

K8a. In the past 12 months, how many times have you been in trouble with the law?

\_\_\_\_\_ # of times ---> [KEITH: IF "0" SKIP TO K9.]

D. Don't know

R. Refused

K8b. In the past 12 months, how many times have you been convicted of a crime? Do NOT COUNT tickets for speeding or other traffic violations.

\_\_\_\_\_ # of times ---> [KEITH: IF "0" SKIP TO K9.]

D. Don't know

R. Refused

K8c. In the past 12 months, how many times have you been sent to juvenile detention, jail, or prison?

\_\_\_\_\_ # of times

D. Don't know

R. Refused

K9.

K9a. In what county do you live?

\_\_\_\_\_

name of county

K9b. Do you live in the country or what you consider a rural area?

1. Yes
  2. No ---> SKIP TO K9d
- D. Don't know ---> SKIP TO K9d
- R. Refused ---> SKIP TO K9d

K9c. What is the name of the city or town nearest to you?

\_\_\_\_\_ ---> SKIP TO K9e



name of city or town

K9d. What is the name of the city, town, or suburb where you live?

\_\_\_\_\_  
name of city or town

K9e. Do you live on an Indian reservation?

1. Yes
2. No ---> SKIP TO K9g
- D. Don't know ---> SKIP TO K9g
- R. Refused ---> SKIP TO K9g

K9f. Which one?

\_\_\_\_\_  
name of Indian reservation

K9g. What is your zip code?

\_\_\_\_\_

K10. What is the total number of people living in your household, including yourself?

\_\_\_\_\_ # Total number of people in household

K11. I need to ask the age and sex of each of these people. If there is a child less than one year old, please tell me his or her age in months. Starting with the oldest person, what is his or her age and sex.

[PROBE: "And the next person?" UNTIL R SAYS "NO MORE."]

[INSTRUCTION: FOR CHILDREN LESS THAN 1, ENTER "0" FOR YEARS.]

AGE     SEX

\_\_\_\_ \_

\_\_\_\_ \_  
D. Don't Know  
R. Refused

[INSTRUCTION: COMPARE THE TOTAL NUMBER OF PEOPLE REPORTED IN K10 WITH THE TOTAL LISTED IN K11. IF THE NUMBERS ARE NOT THE SAME, READ: "I recorded [NUMBER FROM K10] as the total number of people living in your household. I seem to have (too few/too many) when I recorded their age and sex. (Am I missing someone?/Do I have too many in the list?)

[INSTRUCTION: IF ANYONE LISTED IS AGED 18 YEARS OR OLDER, CONTINUE. OTHERWISE, SKIP TO K12.]

K12. I need to ask about the total income for the last twelve months of everyone living there right now. Think about income as wages, social security, welfare, and any other income before taxes were taken out. Would you say that the total income for your household was less than or equal to [THRESHOLD] or that it was greater than [THRESHOLD]?

1. Less than or equal to amount = below poverty threshold
2. Greater than calculated amount = above poverty threshold
- D. Don't know

R. Refused

K13. That's all the questions I have. Do you have any questions or comments you'd like to add? Thank you very much for your time and cooperation throughout this interview. Your help is greatly appreciated.

Proposed Script: ONLY those who refused assistance in obtaining services during questioning in Section F (Treatment).

Interviewer:

Earlier I asked you if you wanted any help or assistance in contacting a drug treatment center near you. At that time you said no, you were not interested. I want to offer you assistance again. I want to assure you that regardless of your answer, your confidentiality will be maintained.

*If the respondent says yes, the interviewer will get the name and telephone number where they wish to be contacted from the respondent. That information along with the county in which the respondent lives will be provided to the project director. The project director will then contact the nearest drug treatment center and give them the name and telephone number of the respondent. After the name, telephone number, and county in which the respondent lives are provided to a local drug treatment center no record will be maintained by either SESRC or project staff.*

*If the respondent indicates they are still not interested in assistance, than at this point in the interview a 1-800-telephone number will be offered to them. SESRC or DSHS staff will take no further action.*

## SECTION L: INTERVIEWER NOTES

The remaining questions should be completed by the interviewer after terminating the telephone call.

- L1. How would you (the interviewer) rate the quality of the information obtained in this interview?
1. Excellent (SKIP TO L3)
  2. Good
  3. Fair
  4. Poor
- L2. (IF NOT EXCELLENT) What were the reasons that the quality of information was less than excellent?  
[CHECK ALL THAT APPLY]

[1 = YES, 2 = NO, D = Don't Know, R = Refused]

- L2a. \_\_\_ Interview not in respondent's native language
- L2b. \_\_\_ Hearing (hearing loss or background noise)
- L2c. \_\_\_ Interruptions or distractions
- L2d. \_\_\_ Poor phone connection
- L2e. \_\_\_ Lack of mental or physical competency to respond
- L2f. \_\_\_ Intoxication
- L2g. \_\_\_ Respondent was rushed
- L2h. \_\_\_ Respondent did not take interview seriously
- L2i. \_\_\_ Respondent may not have been truthful because someone else was listening in
- L2j. \_\_\_ Respondent did not understand terms used in some questions
- L2k. \_\_\_ Respondent did not understand some questions
- L2l. \_\_\_ Other (Specify: \_\_\_\_\_)

- L3. In what language was the interview conducted?
1. English
  2. Spanish
  3. Other, specify: \_\_\_\_\_

- L4. Did language cause difficulty?
1. Yes
  2. No ---> SKIP TO END
  - D. Don't Know ---> SKIP TO END
  - R. Refused ---> SKIP TO END

- L5. If language caused difficulty, what is respondent's native language?
1. English

- 2. Spanish
- 3. Korean
- 4. Chinese
- 5. Vietnamese
- 6. Cambodian
- 7. Japanese
- 8. Other, specify: \_\_\_\_\_
- D. Don't Know



**CSAT**  
Center for Substance  
Abuse Treatment

---

*Substance Abuse and Mental  
Health Services Administration*  
**SAMHSA**



**Research and Data Analysis Division**  
**Survey used for Reports Numbered 4.35 & 4.38**